

THE HEALTH OF THE SCHOOL CHILD

W. LESLIE MACKENZIE

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BY

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PREFACE

THE papers here reprinted are offered as a contribution to the practical side of the medical inspection of schools. In every civilised country the doctor and the school child are coming closer together. In Scotland, no less than in England, the interest is widespread and intense. This must be my apology for the present papers.

The first paper was read at a Congress of sanitary administrators, official and unofficial. The second was read at a Congress of the Parents' National Union, where the majority were in a position to choose for their children the best education afforded by our present-day schools. The third was read before the Royal Society of Edinburgh, by whose kind permission it is now printed. On all three occasions, I found, as indeed in many places elsewhere in Scotland, that the Royal Commission on Physical Training (Scotland) and the Committee of Physical Deterioration had aroused the minds of every class of the community to the importance of personal hygiene in schools. The medical supervision of school children appeals to every class of the community. It is responded to by every class. It is no longer a topic for special pleaders. It is

already "on the town," and parents everywhere are either asking for it or preparing themselves to accept it. In the Education Bill now before Parliament, a clause has been inserted to make medical inspection obligatory in all English State-aided schools. Mr. Tennant, M.P. for Berwickshire, who moved the clause, must have been greatly gratified at the amazing unanimity of the House.

It seems worth while to give some detail of the methods followed in two German cities, if only to show that the medical examination of school children is after all a very simple matter, and does not involve any reconstruction in our theory of the State or of its relation to local authorities. If we force the child to school, we have no right to force him to read with defective eyes, or to expect him to hear with defective ears. I have never met a single parent that disputes this proposition. On the contrary, I have met scores that, on having their attention called to the importance of good eyes and ears, have forthwith taken their children to the doctor to learn whether things were all right.

I have to thank the Council of the Royal Society of Edinburgh, the Council of the Incorporated Sanitary Association of Scotland, and the Council of the Parents' National Education Union for permission to print the papers prepared for their respective Societies.

W. L. M.

EDINBURGH, *October* 1906.

CONTENTS

| | PAGE |
|--|------|
| THE HYGIENE OF SCHOOL LIFE . . . | I |
| NORMAL GROWTH IN THE SCHOOL AGES . . | 21 |
| MEDICAL EXAMINATION AND SUPERVISION OF SCHOOLS AND SCHOOL CHILDREN. . . | 49 |
| THE SCHOOL DOCTOR IN GERMANY . . | 88 |
| (<i>a</i>) WIESBADEN | 89 |
| (<i>b</i>) NUREMBERG | 101 |
| NOTE ON RE-VACCINATION OF SCHOOL CHILDREN IN GERMANY | 115 |
| NOTE ON THE PLAN OF A GERMAN ELEMENTARY SCHOOL | 119 |



THE HEALTH OF THE SCHOOL CHILD

THE HYGIENE OF SCHOOL LIFE¹

I. WHY IS THE HYGIENE OF SCHOOL LIFE IMPORTANT?

THE answer is as easy as it is conclusive. In the school age the child for the first time is subjected to definite responsibilities. Up till now he has been his own master. His every day was a holiday. He wakened in the morning to no duty prescribed. He went to sleep at night with no duty done. In this day of freedom he was allowed to grow in body and in mind much as accident determined. When his parents were good, he was cleaned, clothed, fed, and educated. When his parents were bad, he remained dirty, ragged, hungry, and untaught. And the goodness of his parents to him was not all their virtue, nor their badness to him all their blame. If he was one of six, his nurture

¹Opening paper of discussion on "The Hygiene of School Life" at the Annual Congress of the Incorporated Sanitary Association of Scotland ; held at Inverness, September 1905.

2 THE HEALTH OF THE SCHOOL CHILD

had to fall off as his years increased. If he was an only child, he was over-petted, mentally and physically. In the one case, the social currents of the immediate neighbourhood became his principal schoolmasters. In the other, the sentimentalism of half-trained minds, or the conscientious labour of the tenderest love, became his support in every moment of his day. How many types might we sketch out of the endless chaos of evil, or degenerate, or drunken, or ignorant, or incompetent, or idle, or overdriven, or poor parents! How many more types out of all their contraries! From the good or from the bad the school child emerges when the school bell rings. His holiday from the beginning of time has ended. His duty to the end of time has begun. He will never know "glad, confident morning again." He has now another outlook, another programme, another destiny. He keeps touch, indeed, with his parents, but he can no longer rest in his home. He goes where he will learn the knowledge of a wider world, the duties of a greater community, the secrets of the old and new gospel of work. Tender, timorous, mysterious, the "heir of all the ages," he is taken by the hand for reasons he cannot know, to enter a kingdom he can never all explore, to learn a lesson he can never all understand, to live a life he can never all explain. He is the hope of his father and mother, he is the problem of his teacher, he may become the despair of himself.

In the Tate Gallery in London, in a corner of one of the rooms, you will find a picture of the "last night at home." It is an English scene more than

a Scottish, but it has its like in every country where there are fathers and mothers, and children leaving for school. It is the last night. Everything is ready for the journey of the morning. There are sisters, there is the mother, and there stands the father by the sideboard; there, too, stands the boy. To-night they will be all as happy as they can be. They will drink a parting glass together. The little man in knickerbockers looks up at his father, and the sparkle in his glass is not brighter than the tender smile in his eyes. The father, too, all smiles, raises his glass, and the mother smiles with them. You cannot tell how long it will last; for love is drinking the wine of its parting sacrament, the heart is bursting, the whole of what joy is and love is and sorrow is plays there with its last moments of life. To-morrow, their hands will be at their lips bidding adieu to that which can never be recalled. A new life in the armour of love and sacrifice has fared forth into the world. Is there anything more sad, more beautiful, more holy?

But these are the visions of the ideal. The child, we know well, does not always come from an atmosphere like this. Yet come he from the heights or the depths, he has in him that which makes a man great or small, good or evil, a citizen or a rogue. He will be one of the men that make nations, that make worlds, that make civilisations. He is the greatest problem of his hour; he is the greatest danger of his time; he is the greatest product of the world's energies. Is this language extravagant? Is it not, on the contrary, the sober, scientific truth?

4 THE HEALTH OF THE SCHOOL CHILD

Only look round and see. The peoples of every land, East and West, Far East and Far West, are awakening to the problem of the school child—his nurture, his education, his discipline. They have already learned the first lesson of civilised progress—the parent is, indeed, the past and the present ; the child is also the future.

2. THE SCHOOL AS FUNCTIONAL ENVIRONMENT

Why functional environment? By this phrase I wish to indicate that the primary thing to consider in the hygiene of a school is the point where the actual structure affects the living, actual child. From nine in the morning to three or four in the afternoon, the child is acting in the school, and the school is reacting on the child. He must breathe. Is the air over-night fresh? He must move about. Have the floors and forms been properly cleared of dust? He must sit down. Are the seats the correct height? He must write. Are the desks the correct height for his size? Are they too near him, or too far from him? He must read. Does the light shine from his left side? He must see the black-board or the wall card. Is it placed in the correct light for him to see? He sits for most of an hour. Is the room warm enough? Are the heating appliances in working order? Has he on clothes enough? He reads aloud in his class, or shouts, or sings in concert, he coughs, or sneezes, or otherwise clears his air-passages; in a thousand ways he fills the air with pollutions from his mouth, nose, and lungs.

Are the walls cleaned? Are the maps cleaned? He spits on his slate, if he is allowed to use one; he bites his pen; he chews his pencil. Are slates, are pens, are pencils cleaned? At the word of command, he springs to his feet, marches, marks time. Has he wiped his shoes on the mat? Are the floors cleaned? Are the doors and windows opened to keep the beaten room clear of dust? He swings his arms, he creates a thousand currents round his body. Are his clothes clean? Is his head clean? Are his hands clean? So, through the whole day he is in living touch with some part of the school. He is continually using and abusing. He is collecting and redistributing dirt and dust all day long. I say nothing of the major matters—lavatories, water supplies, closets, drainage; these are all to be assumed. They need the most stringent supervision, and they do not always get it. What I should wish to paint is the restless, growing, skin-shedding, mucus-shedding, dust-distributing, spitting, coughing, and shouting demon that the school boy, at his worst and best, always is. Where one boy is, it takes a woman to keep the house clean. Where a thousand boys are, it takes a local authority.

That is what I mean by functional environment; it is the environment that the boy captures and handles as his own in the school. When you think of it thus in detail, you have no difficulty in understanding why we are, in season and out of season, insisting on the necessity for fitting the boy to the school and the school to the boy. Let there be water, drainage, lavatories, cloak-rooms, systems of

6 THE HEALTH OF THE SCHOOL CHILD

heating, systems of ventilation, fires, opening and closing windows, under-floor ventilators, good walls, good floors, good roofs, good playgrounds. But let it be remembered that the health of the school child depends on the use that he is able to make of these appliances and the way they are adapted to his needs. It is not ventilating appliances alone that are wanted; it is ventilation. It is not water alone; it is washing with water. It is not heating pipes or fires alone; it is heating with heat to the degree necessary for the physical comfort of a delicate, growing organism. In a word, it is not only the statics of hygiene that we want; it is the dynamics as well. That is why the school and the school child must be studied together as organism and environment; the needs of the one must find an answer in the conditions of the other, the needs of the child in the structure and management of the school.

3. THE STRESSES OF SCHOOL LIFE

The primary stress of school life falls on the nervous system; for the primary business of the school is to educate the incompletely developed but rapidly maturing brain. Many children break down at the outset; many break down towards the end; many suffer in minor ways that are never noticed at the time; all are liable to suffer in growth and in nutrition. This fact alone makes good hygienic environment and good hygienic administration imperative. The stresses that more openly and

directly concern the sanitarian are the infectious diseases, the skin diseases, the results of bad atmosphere, and the results of filthy homes. The diseases I leave alone. Two good topics for discussion are, how best to secure a good atmosphere, and how to deal with dirty children.

4. VENTILATION

In town schools, the problem practically is, Should a system of mechanical ventilation be installed, or a differential temperature system? Both systems have advantages, and both have disadvantages. The mechanical systems sometimes give satisfaction in the working, sometimes not. So far as I am aware, the highly favourable report made by Professor Carnelley to the Dundee School Board in 1889 has not been overturned by any equally thorough investigation of other systems. Dr. J. S. Haldane has confirmed Carnelley's general results. With the increased facilities for obtaining electric power, mechanical systems have become more practicable. But, as Dr. Kerr of the London County Council Education Department has shown, the engineering difficulties demand more thinking out than they sometimes receive. The moving fan is only one factor. The relation of inlet to outlet, the dangers of short-circuiting, the size of ducts, the methods of heating are all equally important. A mechanical system needs a capable mechanic to work it, and where it is properly worked the results are excellent.

8 THE HEALTH OF THE SCHOOL CHILD

Of the other systems it would be impossible to speak with any detail. I always feel that our attitude to ventilation is too much determined by our foolish domestic habits. It is the custom to take off coats "in the house"; "you feel the good of it when you go out." This time-and-custom-honoured platitude is repeated thousands, millions of times a year; but I have long had a doubt of it. It is based rather on our liking for warmth than on our scientific knowledge of bodily temperature. Three simple points it is well to remember—first, that in the coldest winter known to this country, the air is never too cold to breathe; secondly, that children will remain healthier and physiologically better through the school day if they are made to keep their bodies warm and to breathe cool, fresh air; third, that where fires or other heating appliances fail, warm coats and shoes may be a good substitute. There is no law against wearing enough clothes to maintain comfort. Further, training does a great deal, and any person—child or adult—can be systematically trained to tolerate floods of pure cold air in the coldest weather. One important fact, however, should never be forgotten—a child's body, being smaller, cools much more rapidly than an adult's.

5. FILTHY CHILDREN

Later, in this paper, I shall indicate how filthiness is prevented in German schools. Here, I should like to say that on no point are parents more sensitive than on the cleanliness or dirtiness of

their children or their children's clothes. This is reasonable and honourable. I am satisfied that when, as was proposed in the recent Education Bill, the children are placed under systematic medical supervision, dirtiness of children and clothing will tend to vanish. When every school has adequate washing facilities, the dirt will grow still more rapidly less.

6. TEETH

Is there still any educated person that does not believe in the hygiene of the mouth? There may be yet a few in practice; in theory, there should be none. For in this limited and well-worked field the facts are all one way, and there can be no dispute. It is a plausible speculation that we are, as a race, beginning to lose our teeth permanently; but it is admitted that some millions of generations will yet appear before the normal man will emerge toothless. In the meanwhile we have time enough to clean the teeth we have and to keep them clean. Doubtless, some varieties of food tend to make decay come on faster. But that is only a reason for more care at the earlier ages. Doubtless, too, some children show decay more rapidly than others, and possibly the condition of the nervous system has something to do with the vanishing of the teeth. But this is only a still stronger reason for ensuring that the teeth, such as they are, get every protection we can give them. It is now accepted among dentists that the decay of teeth is due to micro-organisms, acting

most readily in certain acid conditions of the mouth and eating away the enamel. At once we infer that if you protect the teeth against those micro-organisms, you delay, or arrest, or prevent decay. And, on the whole, this is true. But the mouth is an ideal incubator for germs, and nothing short of a thorough toilet once or twice a day will answer the purpose. But all the same, daily cleansing of teeth and washing out of the mouth can do a great deal. The dentist will do the rest. From the appearance of the teeth right through the period of the milk-teeth and continuously through life the teeth should be attended to daily. This is a counsel of perfection; but the school can do something either by systematic teaching or by practical drill. For my part, I am always glad to see a good figure and well-proportioned muscle, but if it is a choice between good muscle at school and good teeth, I prefer good teeth. The muscles will assert their rights without too much stimulation; good guidance in a scientific system of training is all they want. But on the teeth the whole growth and nutrition of the body depend. It is now the exception to find, at the age of ten or twelve, a whole mouthful of sound teeth. And in other countries the tale is the same. I have seen the mouths of some two hundred German children, and the conditions were practically a repetition of what our own country produces. If this be so, is there anything absurd in suggesting tooth inspection and tooth-brush drill?¹ We should

¹ If it be said, a dirty, germ-laden tooth-brush is worse than none, and may spread disease among the teeth, we may at once agree. But

find fewer toothless recruits for all our services if the recruits at school were well looked after.

7. MISCELLANEOUS

There were other points that I intended to touch, but they would load the discussion too heavily. The hygiene of school life is now vast enough to justify an International Congress by itself. The first Congress, which met at Nuremberg last year, resulted in four large volumes, containing a total of more than 2000 pages of investigation and discussion. As a further result, an international magazine of school hygiene has been inaugurated. Every civilised country was represented at the Congress, and the magazine represents a body of workers now numbered by thousands. It is hopeless even to attempt to indicate the enormous range of subjects that bear on the hygiene of the school. I have selected only one or two for a passing remark. As an instance of the growing importance and complexity of the problems, I may note one book, the *Enzyklopaedisches Handbuch der Schulhygiene*, which reckons among its contributors many of the foremost physiologists and educational thinkers of the world. The book runs to 1055 double-column, closely printed pages. The bibliographies appended to the articles show

means should always be present to disinfect the brush. An American dentist declares it to be practically impossible to disinfect a dirty tooth-brush, and recommends pieces of sterile cotton for rubbing the teeth clean. But I do not grant the contention that a brush cannot be disinfected.

the enormous variety and amount of work devoted to the school careers of our children.

8. A VISIT TO TWO GERMAN ELEMENTARY SCHOOLS

In Wiesbaden last summer, I had the privilege of going on two occasions with a school doctor to make one of the fortnightly visits to an elementary school. I was anxious to see how medical supervision of public elementary schools is conducted in a town where the system has been in force for more than nine years. And I found the system, as one naturally expects in Germany, working smoothly, simply, unpretentiously. As one of the doctors said, "It is our policy in everything; we *must*. It is different in England." The German "thoroughness" (*Gruendlichkeit*) was as manifest in the medical supervision of the schools as in so many other departments of their great organisations. Whether the ultimate results will be better than our own I cannot tell; but I felt we had something to learn from them, and I did my best to learn it.

One morning, at nine o'clock, I went with one of the school doctors to an elementary school in one of the poorest quarters of Wiesbaden. The poverty is unmistakable, but, unlike our poverty, it is not chiefly manifested in dirty children dirtily clothed. It is difficult to discover either a dirty child or a dirty mother on the Wiesbaden streets, even their meanest streets, and we have seen most of these. This school, like all the *Volksschulen*, or elementary

schools, of the town, is large enough to accommodate 1300 children or thereby. The work of this particular morning was to examine some 35 new entrants—that is, children just turned six years of age. The school year begins at Easter, and these were probably part of the annual influx.

We proceeded direct to the department where the infant boys were. The class teacher, a man, had already received notice of the visit. He had, in a simple portfolio, a series of schedules, printed back and front. On these schedules he had already entered the names, addresses, ages, names of parents, occupations, class, the height and weight, and one or two other particulars. The portfolio was handed, with some explanations, to the doctor, who forthwith proceeded to examine the children in their order. He did so in the class-room, for in this school there is not a doctor's room. He had meanwhile secured from a higher class two boys, whose duty it was to assist in undressing and re-dressing the children. He examined first the general condition, and I must say most of the children were thin. They did not seem to me any better nourished than our own children of the same grade; but, as simple inspection is very deceptive, I make this remark subject to the correction afforded by the heights and weights. The doctor recorded the nature of the constitution as good, medium, bad. He examined the throat and teeth, using a separate piece of wood as a tongue depressor for each child, and throwing it away to be burned afterwards. He examined nose, ears, eyes, skin, bones, joints, spine, heart, lungs,

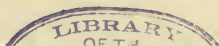
ascertained the presence or absence of hernia (rupture), measured the chest, tested the speech by making the child repeat certain test words, tested the eyesight roughly, and the hearing roughly. In suspected cases, eyes and ears are afterwards examined more thoroughly. Any defects requiring correction or further expert examination are referred to the parents, who receive either a verbal or a written message saying that the child should be taken to the family doctor. Where the parents are very poor, they are directed to take the child to the town hospital or an eye dispensary. To this dispensary the Municipality contributes a certain sum in payment of the work undertaken. Similarly with every other condition requiring treatment, the parents are advised, inquiry is afterwards made as to the steps taken, and if nothing has been done further inquiry is made, and the child is ultimately attended to. The purpose of the immediate inspection is not to treat, but to discover. But indirectly the steady pressure put on the parents ultimately results in treatment. Every defect discovered is entered on the schedule, with the date of the examination. The portfolio of schedules is then handed back to the teacher, who is responsible for its safe keeping. He hands it on to the teacher of the next class when the time comes for the passing of the class to the next stage.

So far the entrants. Those found not fit are not permitted to proceed. The parents are communicated with and advised. As to those just leaving school, a similar examination is undertaken.

They have been under supervision all through their school course. The doctor is familiar with their history. He has already examined them at least twice. He now examines them a last time. He advises as to their fitness for this or that trade, and consults with the parents if need be. Education does not wholly stop at thirteen or fourteen, as with us. The child must attend, at least part of the day, at a continuation school or technical school, where the elements of the crafts are taught. He must be certified fit for this work, which is a sort of parallel to our "half-time" system. With us, however, the technical part of the training is carried out in the factory; with the Germans, it is carried out in the school. In both countries there may be wage-earning; but I formed the impression that with the Germans the educational side was primary.

After we had thus scrutinised some thirty-five children, taking about an hour and a half to the process, we hurriedly looked through the sanitary arrangements of the school; the dining-place, where, from charitable funds, free breakfasts and dinners are given in the winter-time or other times of stress; the heating and ventilating appliances, and the shower baths. These I touch on again.

A week later, I was able to visit a somewhat superior and more recently built school. This time I went with another school doctor on his regular fortnightly visit. He received from the chief master a sheet containing some sixteen names. These were marked as from different classes. We took them in order. The doctor went direct to each



room, received from the teacher the schedules of the particular children that in that class required examination, picked out the children and directed them downstairs to the doctor's room. The collection of the sixteen children from some six different classes in different rooms was the work of a few minutes. Two senior boys, as before, attended as assistants. Each child was taken, his complaint examined, and advice given as before; eyes, ears, etc., of any newcomers were also investigated. Two children were to be examined with a view to having six weeks in a holiday school in the forest some miles away and higher up country. Two or three cases of eyes were referred to the eye dispensary. A case of skin disease was diagnosed, and the boy requested to inform his father (who wanted to know) that the disease was not infectious. There were one or two very young children showing signs of feeble-mindedness or backwardness. And so on through the day's list. This is done every fortnight. The doctor assured me that once a month or once in two months would be quite enough; the short period of a fortnight was somewhat exacting to a man in medical practice, and was sometimes apt to give occasion for trivial complaints. But practically, on any one occasion, an hour suffices.

In both schools it was easy to see that the doctor was an ordinary and accepted part of the school service. He seemed to be readily welcomed by the teachers, and was sometimes waited for by the parents, who wished to get his personal opinion of their children. So simply and unostentatiously and

rapidly were the cases disposed of that one wonders why there ever should be any objection to such systematic inspection.

Afterwards I was taken to see the children in the bathroom. In Wiesbaden, as in Nuremberg, the elementary schools, and the higher schools too, are all fitted with shower baths. Pipes are carried round at a height of about seven feet from the floor. The floor itself is tiled. In some cases an area is sunk about a foot deep, constituting a shallow large bath. To the pipes are attached shower-roses—six or eight in all. Each rose gives a shower sufficient to serve three to five boys. They stand under on a wooden board about $3\frac{1}{2}$ feet square, and wash themselves thoroughly with soap. The temperature of the water is regulated by an attendant, who, through a window, commands a full view of the bathroom, and turns on warm, mixed, and cold water at the right stages. The apparatus is simple. The water is supplied strictly in accordance with the thermometer. When the washing is sufficient a cool shower is given, and the boys proceed to the drying-room. There each has a towel. There are lockers or other places for the clothes. Undressing, washing, and re-dressing occupy about half an hour. On the occasion of my visit thirty-four boys were washing at once. They were certainly clean. They certainly enjoyed the game. Those suffering from any ailment may be exempted from the baths. In no case are they forced to bathe against the wish of the parents or the certificate of the family doctor. The whole

matter is directly under the control of the school doctor. The two lowest classes, which contain the very young children, are not subjected to the shower bath at school. But it is obvious that cleanliness is an ideal much sought after, for in the fifty or more children carefully examined only two were found not clean, and they were new-comers, who had not yet come under the spell. Among the children higher than the lowest two classes, there was no such thing as an unclean child, and unclean clothing was conspicuous by its rarity.

Of the six upper classes all the children have a washing shower bath once a week. In an ordinary elementary school in Wiesbaden there are normally about 900 such children. At the rate of 160 a day these can all be washed with clean water in a week. As we have seen, 34, or, say, 35, can be washed effectively in half an hour, that is 70 in an hour. In three hours of each day, with one male and one female attendant, the whole work can be done with perfect ease and without hurry.

The shower bath has many advantages over the ordinary bath—it is cheap, it is practically self-cleansing, it can be controlled for a large number at one time, it can be gone through more rapidly, and the water is current and therefore always clean. It has been found that it is an advantage to have the children passed through in groups rather than singly. The interest is greater, they help one another, and the number overtaken is greater. In some German schools there is also a swimming pond; but this is for exercise, not for cleansing.

The installations in Nuremberg were more luxurious than those of Wiesbaden, but all on the same fundamental plan. Obviously, the system has been found a good one. The results were certainly admirable. In the report for 1903 I find that in one of the Wiesbaden schools the shower baths were regularly used by 36 per cent. of the boys and 33 per cent. of the girls; in another, by 62 per cent. boys and 83 per cent. girls; in another, by 84.7 per cent. boys and 44 per cent. girls; in another, by 74 per cent. of the school; in another, by 80 per cent. boys and 14 per cent. girls. The two lowest classes are excluded from those figures.

How much does the service of school doctors cost? A relatively trifling sum. In the elementary schools of Wiesbaden, a town of 98,000 or thereby, there are approximately 10,000 elementary school children. The amount allowed for the work of medical inspection is 5000 marks, or £250 a year. This is divided among seven doctors, there being seven main schools and two small schools. Each doctor has a school. He examines systematically all entrants and all pupils leaving; he examines in each year the whole children of the third, fifth, and eighth classes; he visits the school once a fortnight to deal with current cases. He has many other duties, such as supervision of the lavatories, ventilation, heating, bathing. He receives for this from £30 to £50 a year, and no one can say that he is overpaid, even as payment goes in Germany.

The Wiesbaden schools are only a type of what is done, in some degree or another, in every German

State and in most European and American States. Japan is perhaps more advanced than any of the Western States in the detailed care given to her population. I have no doubt that, as already in London and many of the great English towns, so in Scotland we shall in a short time have the school doctor as one of the most important officers of the school service—welcomed by the teacher and waited for by the parent. And the figures rapidly accumulating from Glasgow, from Edinburgh, from Aberdeen, from Dundee are already demonstrating to us that the less we delay this improvement in our methods, the better for the individual children themselves and for the State, whose life-blood they are.

NORMAL GROWTH IN THE SCHOOL AGES¹

I. WHAT IS GROWTH?

WHAT is growth? What is the school age? What is normal growth? Why do we select the school ages?

If we consider the life of the human being from the cradle to the grave, we find it roughly divided into a period of growth, a period of maturity, and a period of decay. The period of growth may be set down as the first twenty-one years of life. And this is the period we wish to study. If we were thinking of the race, we should have to date from long before the cradle to long after the grave; for, with very little reflection, we should discover that the individual has a history as old as the race, which is as old as the world. But growth in its widest sense we cannot here consider. We are thinking only of the short sections from five to fifteen, which is the elementary school age, and from fifteen to eighteen, which is the secondary school age. Scotland and England differ somewhat in this matter; for in Scotland, at least in the North, we habitually think of the elementary school as passing into the secondary

¹ Read to the Edinburgh Meeting of the Parents' National Educational Union, 1904.

school, and of the secondary school as passing into the University. In Edinburgh, however, we are becoming more accustomed to the conceptions prevalent in the great English schools, which reckon the school age practically as from ten to eighteen or nineteen. In the Merchant Schools of Edinburgh, both for boys and for girls, the school age would run to seventeen or eighteen. Similarly with the other secondary schools. But I am less concerned with a rigid limit of years than with the leading fact that the school age on the whole coincides with the age of growth.

2. THE STRESS OF SCHOOL LIFE

The school is an artificial environment devised to teach the child how to abstract, how to select from the chaos of the world some guiding lines for his future life. Unlike the family, which is the focus of so many diverse purposes, the school has been devised for one sole purpose—to direct, to develop, to mould, in a word, to educate. Even the phrase “to educate” is too wide; for the school is only one among many agencies designed to prevent the scattering and the wasting of character. In a society like ours, it may be regarded as a specialisation of one function of the family. It assumes that the individual is incapable in his short lifetime of himself attaining to the best that the race has achieved; that, if left to himself, he may develop, but the development will so diverge from the good and the useful that the ultimate result to him is futility for himself and evil for the race. To prevent this

relapse, to economise the energies, to make the most of him for the short time that he has to live, to enable him, in a word, to realise himself to the best purpose, we place him in restraint, we put upon him heavy burdens, we check, we curb him, we break him under the yoke of civilisation—pain, sacrifice, duty. We drive him into system; we catch in him what is good and preserve it; we restrain what is evil and blot it out; we order his day that he shall learn in the shortest time, by the quickest method, with the least effort, all that we conceive for him of the good and the beautiful and the true. For these ultimate aims and for nothing less, we place him—tender, fragile, variable, full of mysterious activities—in a new world full of difficulties and depressions and disciplines and broken hopes. The school is the novitiate for the Service of Man. Is it a wonder if we begin to ask fundamental questions about growth? Are we not right to inquire whether the task be not too great, the strain too terrible, the trial too prolonged, for a personality so mysterious and so delicate, for a mind so bursting with impulses, for a nervous system so fluid? Is it not well that we should know how the strains and stresses and burdens fit the needs of growth?

It is in the school age that this life normally begins. It is, therefore, our business to discover how the child should grow during this period, how he should develop, what we should provide for, what encourage, what prevent. I assume, too, that whether he remain at home or go abroad into the world, every child comes to his school age, the age

when the family is too small, too inadequate for the unfolding mind. And the school age passes. Soon or late, a day comes when Freedom, which is responsibility, sounds the trumpet-call, and the novice passes out to his post. Then there is anguish, there is breaking of hearts, but the division of child and parent is accomplished. To every regret, to every tender remonstrance, to every entreaty, each in his own dialect utters the same reply: "Woman, wist ye not that I must be about my Father's business?"

3. BRAIN AND MUSCLE

The primary intention of the school is to train the mind. In an era of predominant muscle-worship this may sound like a paradox. But by the mind, I understand the whole character as it is influenced by the discipline of intelligence applied to life. In this wide sense everyone will accept the view. But at the basis of the prevailing practice there seems to lurk the suspicion that the specific work of school, the exercise of the brain and the formation of mental habits, has in it something hostile to physical development. It is quite true that the neglect of the general organism may result in conditions that make good mental work impossible. It is equally true that, on occasion, the healthy boy or girl whose time is taken up mainly with the care of physique, with the exercise of muscle, with the direct improvement of every organ except the brain and nervous system, may pass in the race many that care only for mental work, or in physical language,

the improvement of the brain. But so far as my observation goes, the danger of long continued mental work is largely imaginary. Nor am I prepared to accept the idea that no young mind should ever be put on the strain. I cannot understand why, without the slightest reproof, a boy may play all day long to his own hurt, but he may not work for a few hours without the risk of observation or comment from the parent or the friend. All work and no play is said to make a dull boy. It may be so. But the most interesting boys of my acquaintance have all been workers, and some of them played a good deal. These half-expressed truths are apt to be the cover for laziness. They can never be a sound guide for school life. I doubt if anything has been done anywhere to show by definite scientific proof that the amount of work done in any of the ordinary schools, whether regulated by Code or by the demands of the special class for whom the school is provided, affects seriously the physical growth of any boy or girl. It is very difficult to bring those notions to the test of facts, but the experience of the great school physicians, like Dr. Clement Dukes, of Rugby, should go some way to dissipate our fears. I am inclined to think that more physical damage results from excess of physical exercise, or erroneous pressure of exercise, under unskilled management than from any excess of head-work. If we always have regard to the symptoms of fatigue and act promptly upon them, the risk of excessive head-work in boys of school age is small. I do not see why high pressure should be quite an expected thing in games,

a thing to work up to, to train for, to guide the life, while strain of the head, the same head that manages the muscles, is reprobated as dangerous. It is so easily forgotten that muscular fatigue means also indirectly cerebral fatigue. It is the same brain that works the muscles as works the senses. It is governed by similar limits whether the exercise be predominantly of the motor centres or of the sensory centres. Whatever can be properly named "work," whether it be muscular or whether it be purely cerebral, involves cerebral exhaustion as its ultimate stage.

4. WORK, PLAY, AND GROWTH

The relation of growth to work is very complex, because the children that "work" (in the ordinary economic sense of work for a living) are the poorer children; their nurture in every respect is less adequate than the children of the richer classes enjoy, and it is consequently difficult to disentangle how much of their defective growth is due to labour and how much to deficient or incorrect food or bad housing or want of sleep. But broadly, it is proved that the working children at any given age up to the cessation of growth are smaller in stature and lighter in weight than the children of the leisured or richer classes. It is hardly necessary to prove by figures a fact that has been established in almost every civilised country, not least conclusively in Britain itself. The causes of the differences are, as I have indicated, manifold; but broadly they may be summed up in this—that the children of the

poorer classes do more work and the children of the richer classes have longer play. Perhaps it would be nearer the truth to say that both the parents and children of the richer classes have more play, they have better houses, they can arrange that their children shall have better food, more sleep, a longer period of irresponsibility.

5. THE RELATION OF GROWTH TO NUTRITION

"Growth is in some way and in some degree influenced by nutrition, that is, by the food and air supply of the organism. It is a question for evidence whether a child badly nourished in the early years of life ever attains to the same stature as it would have attained to had its nourishment been sufficient. Some have maintained that early starvation does not ultimately affect growth, provided the food is sufficient in the later growing years. Others, on the contrary, maintain that where nutrition in early life is bad the full stature is never attained. It is certain that, whatever be the effect of nutrition on the ultimate limit of growth, the rate of growth varies, according as nutrition is sufficient or insufficient" (*Med. Inspect. of School Children*, p. 206).

"Influence of Nutrition on Growth.—There has been much discussion on the influence that nutrition, or alimentation, or the social condition, may have. As far back as 1829, Villermé declared that the stature is higher and growth more active in the communities that are richer, better nourished, and better protected against inclement weather.

Quetelet gave out the same opinion, and the majority of those that have studied the question come to the same conclusion; for example, Cowe (1883), who has compared the statistics of 106 factory children and of 228 children of the leisure classes; Bowditch also, but with him the defective conditions of existence act more on the height than on the weight, and this is seen in the fact that children of the working classes are heavier, height for height, than children of the leisured classes, these latter being absolutely taller and heavier. On the other hand, opinions diverge; Boudin does not quite believe in the nutritional conditions, and maintains that there is a considerable race effect. Donaldson admits certain action, but maintains that this affects the male sex more than the female. Porter admits that a considerable difference in social condition and in material prosperity may exist without much influence on growth up to the acceleration that precedes puberty. Key says that want prolongs the period of feeble growth anterior to puberty, and that the period of rapid development consequently supervenes at a later epoch. . . . On the whole, there would be a delay in time; but the final condition would not be altered. Roberts comes to a different conclusion—from the establishment of puberty, growth is more active in the non-working classes, ceasing at nineteen or twenty years of age; in the artisan class, growth is more uniform, and continues up to twenty-three or thereby. Still he points out a fact analogous to that spoken of by Key. For him, the growth that precedes puberty

begins a year or two earlier in the leisured class, and in these the average stature is greater. The Anthropometrical Committee of England admits so that the leisured classes are, at every age, taller and heavier than the working classes. Gussler and Hiltch have compared the children of the Burgerschule of Fribourg with those of the inhabitants of the surrounding country, and they have found that at the same age the former exceed the latter. The figures following indicate the excess in size of the pupils of the Burgerschule over the children of both sexes of peasants (in centimetres):—

| | | | | | | | | | | | |
|-------|---|---|---|-----|-----|-----|-----|-----|-----|-----|-----|
| Age | . | . | . | 6½ | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| Boys | . | . | . | 2.4 | 2.7 | 2.3 | 5.1 | 2.7 | 2.3 | 3.8 | 4.7 |
| Girls | . | . | . | 3.9 | 3.6 | 2.8 | 3.8 | 4.5 | 3.9 | 3.1 | 5.1 |

“Hence the conclusion that ‘the children of the peasant *females* are, on the average, and without exception, smaller; the children of the Burgerschule are greater than the average of the whole. It seems, then, permissible to conclude that the different social conditions in which the children live exercise an essential influence on their physical development’” (*Dict. de Physiologie*—Richet, art. “Croissance”).

How far this difference in growth is to be counted a gain mentally or physically is a question that may well be debated. It may be forced growth and, like all forcing, may carry with it certain dangers. The boy of the professional classes grows more rapidly than the poorer boy, but ceases to grow at an earlier age. It would be wrong to say that he goes to leaf

rather than to seed ; but there is always that danger. In any given case, this would be extremely difficult to establish. One must take account of so many factors : first and mainly, the size and growth of the parents ; next, the total physical capacity of the child as tested by his total output of work, mental and physical. It is not enough that the bigger and stronger boy should have more staying power on the football field. He must prove his superiority also in the schoolroom, in his college classes, in his profession. In Scotland, we are not inclined to admit that the greatest mental capacity and the best physical form are uniformly found together, or that the one is a necessary index of the other. We delight to see fine physical development in men and women, but we delight still more in seeing the fine flower of all development, the clear head, the enduring will, the capacity to devote oneself day by day, year by year, for a lifetime, to the realisation of lofty purposes, to the slavery of the ideal. I do not say one word against the fine results we sometimes see from the muscle-worship of the present hour ; but I cannot help wondering whether it is always informed of the same spirit or a breath of it that made great the lives of two men for whom we still mourn, Professor Alexander Bain and Herbert Spencer. These two, almost from the cradle to the grave, consecrated their every activity to the Service of Man, cultivating every organ, yet living a life of the most severe asceticism, and leaving to the world a great inheritance of thought ordered and made. They were, it is true, giants of a great breed ; but

they lived their long lives because they applied intellect to their every day. We cannot expect the same severity to become very common; but it is more common than we are apt to think, and if we could be sure that the fine form of the public schools did, even on the average, do something to encourage these greatnesses of character, these potencies of will, these finer issues of the spirit, we should utter not one carping word against the games and the races and the exacting disciplines that the sons of our richer orders are made to follow for the whole of the growing ages and sometimes for long after. Even then, the final test is not the immediate growth in form. The test is the life lived through and the work done. And that has its measure in the insurance offices, not in the standard tables of heights and weights. If you want to prove to me that the training of your son has been good, let me see him cross the bar of middle age without mischance or exhaustion. We know but too well that, in the poorer orders, middle age and pauperism often mean one and the same fact. We know that, in the artisan order, middle age is the time of great peril. It is so also with the richer orders; but I am willing to be persuaded that the early training in the field does in some measure prolong the age of maturity as it certainly hastens the age of growth. "A sound mind in a healthy body" is what the whole world is striving for; but mind as much as muscle is the product of function. It has to be made. It must be built up by exercise of its proper organs. Thoughts are made by thinking, not by waiting for inspiration

from trained muscles. And a "healthy body" does not always mean a muscular body, nor is a highly developed muscular system a necessary condition of sound thinking. It is sometimes, on the contrary, a hindrance. These passing remarks are made here only as a qualification to the undoubted fact that properly regulated physical exercise not only promotes growth, but is essential to it. And by exercise, I mean irresponsible exercise, which is "play"—not responsible muscular labour, which is "work."

6. HEIGHT AND WEIGHT AS EVIDENCE OF GROWTH

If a human being were a jelly-fish, we should have to test his growth—not by measuring the height and weight, but—by taking the specific gravity and measuring the total volume. But as he is a vertebrate, we have a simple means of testing his growth from year to year. For this purpose, it is a convenient accident that after a certain age the boy stands upright. We therefore call it a measurement of height. But all this means is that the bony skeleton grows slowly, and forms a convenient rigid framework for measurement. Every skeleton is normally "padded round with flesh and fat," which also grows with more or less regularity to a possible maximum. Measurement of height alone would be a good index of progress in growth. The measurement of weight is an important supplement. If we have boys enough, and if we measure and weigh them, we are able to fix roughly certain standards

of height and weight for every age, and so constant are the averages that we are able to make useful practical tables whereby to test the individual's growth at any given period of his life. In these measurements, we exclude the deformed and those suffering from acute disease. We consider mainly, not solely, healthy children. Let us look at a few figures compiled for us by the great authorities. In order not to confuse our minds with too many quantities, we shall keep to the figures for boys and girls of ages from five to twenty-two, and we shall use for our illustrations figures collected by the Anthropometrical Committee of the British Association (see Report of the Royal Commission on Physical Training (Scotland), p. 64).

Boys.

| Age. | Average Height in inches. | | | Increase in inches. | | |
|------|---------------------------|---|-------|---------------------|---|------|
| 5 | . | . | 41.03 | . | . | 2.57 |
| 6 | . | . | 44.00 | . | . | 2.97 |
| 7 | . | . | 45.97 | . | . | 1.97 |
| 8 | . | . | 47.05 | . | . | 1.08 |
| 9 | . | . | 49.70 | . | . | 2.65 |
| 10 | . | . | 51.84 | . | . | 2.14 |
| 11 | . | . | 53.50 | . | . | 1.66 |
| 12 | . | . | 54.99 | . | . | 1.49 |
| 13 | . | . | 56.91 | . | . | 1.92 |
| 14 | . | . | 59.33 | . | . | 2.42 |
| 15 | . | . | 62.24 | . | . | 2.91 |
| 16 | . | . | 64.31 | . | . | 2.07 |
| 17 | . | . | 66.24 | . | . | 1.93 |
| 18 | . | . | 66.96 | . | . | .72 |
| 19 | . | . | 67.29 | . | . | .33 |
| 20 | . | . | 67.52 | . | . | .23 |
| 21 | . | . | 67.63 | . | . | .11 |
| 22 | . | . | 67.68 | . | . | .05 |

GIRLS.

| Age. | Average Height in inches. | | | | Increase in inches. | | | |
|----------|---------------------------|-------|-------|-------|---------------------|--|--|--|
| 5 . . . | 40.55 | . . . | . . . | . . . | 2.22 | | | |
| 6 . . . | 42.88 | . . . | . . . | . . . | 2.33 | | | |
| 7 . . . | 44.45 | . . . | . . . | . . . | 1.57 | | | |
| 8 . . . | 46.60 | . . . | . . . | . . . | 2.15 | | | |
| 9 . . . | 48.73 | . . . | . . . | . . . | 2.13 | | | |
| 10 . . . | 51.05 | . . . | . . . | . . . | 2.32 | | | |
| 11 . . . | 53.10 | . . . | . . . | . . . | 2.05 | | | |
| 12 . . . | 55.66 | . . . | . . . | . . . | 2.56 | | | |
| 13 . . . | 57.77 | . . . | . . . | . . . | 2.11 | | | |
| 14 . . . | 59.80 | . . . | . . . | . . . | 2.03 | | | |
| 15 . . . | 60.93 | . . . | . . . | . . . | 1.13 | | | |
| 16 . . . | 61.75 | . . . | . . . | . . . | .82 | | | |
| 17 . . . | 62.52 | . . . | . . . | . . . | .77 | | | |
| 18 . . . | 62.44 | . . . | . . . | . . . | — | | | |
| 19 . . . | 62.75 | . . . | . . . | . . . | .23 | | | |
| 20 . . . | 62.98 | . . . | . . . | . . . | .23 | | | |
| 21 . . . | 63.03 | . . . | . . . | . . . | .05 | | | |
| 22 . . . | 62.87 | . . . | . . . | . . . | — | | | |

These figures show, for the general population of town and country, averages based on somewhat limited observations, but corresponding with figures subsequently collected. It is to be noticed that the increase in height is not constant. It amounts almost to three inches in the year from five to six. It sinks to about one inch in the year seven to eight. It rises again to nearly three inches at the year eight to nine, falls to a little over two inches at the year nine to ten, to one and a half inch at the year ten to eleven and eleven to twelve. It rises to nearly two inches at the age twelve to thirteen, to two and a half inches at the age thirteen to fourteen, to almost three inches at the age of fourteen to fifteen. From that period onwards the rate of

increase in height gradually slows down until, at the year twenty-one to twenty-two, the increase is only one-twentieth of an inch. This is for boys. The first great acceleration after infancy is towards the end of the first seven years; the second acceleration is about the years of nine to ten; and the third great acceleration is about the years of thirteen to fifteen. Thus, at the beginning of school life, and at the end of the elementary school course, we have two great periods of expansion.

With girls, the rate of increase is somewhat more uniform. Growth begins to slow down at the age of twelve. By the age of seventeen, it has sunk to less than one inch in the year.

Let us now turn to weight. For the corresponding ages in boys, the average weights in pounds are given below:—

| Age. | Average Weight in lbs. | | | | Increase in lbs. | | | |
|----------|------------------------|-------|-------|-------|------------------|--|--|--|
| 5 . . . | 39.9 | . . . | . . . | . . . | 2.6 | | | |
| 6 . . . | 44.4 | . . . | . . . | . . . | 4.5 | | | |
| 7 . . . | 49.7 | . . . | . . . | . . . | 5.3 | | | |
| 8 . . . | 54.9 | . . . | . . . | . . . | 5.2 | | | |
| 9 . . . | 60.4 | . . . | . . . | . . . | 5.5 | | | |
| 10 . . . | 67.5 | . . . | . . . | . . . | 7.1 | | | |
| 11 . . . | 72.0 | . . . | . . . | . . . | 4.5 | | | |
| 12 . . . | 76.7 | . . . | . . . | . . . | 4.7 | | | |
| 13 . . . | 82.6 | . . . | . . . | . . . | 5.9 | | | |
| 14 . . . | 92.0 | . . . | . . . | . . . | 9.4 | | | |
| 15 . . . | 102.7 | . . . | . . . | . . . | 10.7 | | | |
| 16 . . . | 119.0 | . . . | . . . | . . . | 16.3 | | | |
| 17 . . . | 130.9 | . . . | . . . | . . . | 11.9 | | | |
| 18 . . . | 137.4 | . . . | . . . | . . . | 6.5 | | | |
| 19 . . . | 139.6 | . . . | . . . | . . . | 2.2 | | | |
| 20 . . . | 143.3 | . . . | . . . | . . . | 3.7 | | | |
| 21 . . . | 145.2 | . . . | . . . | . . . | 1.9 | | | |
| 22 . . . | 146.2 | . . . | . . . | . . . | 1.0 | | | |

The corresponding figures for girls are :—

| Age. | Average Weight in lbs. | | | | Increase in lbs. | | | |
|----------|------------------------|-------|-------|-------|------------------|--|--|--|
| 5 . . . | 39.2 | . . . | . . . | . . . | 3.1 | | | |
| 6 . . . | 41.7 | . . . | . . . | . . . | 2.5 | | | |
| 7 . . . | 47.5 | . . . | . . . | . . . | 5.8 | | | |
| 8 . . . | 52.1 | . . . | . . . | . . . | 4.6 | | | |
| 9 . . . | 55.5 | . . . | . . . | . . . | 3.4 | | | |
| 10 . . . | 62.0 | . . . | . . . | . . . | 6.5 | | | |
| 11 . . . | 68.1 | . . . | . . . | . . . | 6.1 | | | |
| 12 . . . | 76.4 | . . . | . . . | . . . | 8.3 | | | |
| 13 . . . | 87.2 | . . . | . . . | . . . | 10.8 | | | |
| 14 . . . | 96.7 | . . . | . . . | . . . | 9.5 | | | |
| 15 . . . | 106.3 | . . . | . . . | . . . | 9.6 | | | |
| 16 . . . | 113.1 | . . . | . . . | . . . | 6.8 | | | |
| 17 . . . | 115.5 | . . . | . . . | . . . | 2.4 | | | |
| 18 . . . | 121.1 | . . . | . . . | . . . | 5.6 | | | |
| 19 . . . | 123.8 | . . . | . . . | . . . | 2.7 | | | |
| 20 . . . | 123.4 | . . . | . . . | . . . | — | | | |
| 21 . . . | 121.8 | . . . | . . . | . . . | — | | | |
| 22 . . . | 123.4 | . . . | . . . | . . . | — | | | |

From these tables we observe that, in boys, the increase in weight roughly follows the increase in height. The two increases do not, however, move precisely together. There seems first to be a spurt of growth, then a spurt of increase in weight. A great expansion takes place in the years between twelve and sixteen.

With girls, the great expansion takes place in the years between twelve and fourteen.

If, with these averages for the whole country, we compare averages for the labouring classes, we find that, on the whole, for boys, the labouring classes, even in the country, are equal to the averages for the ages from five to ten, and almost equal for the ages up to fourteen. The number of observations,

however, is very small, and little importance can be placed on this comparison. The female children of town artisans, again, are distinctly below the average height at all ages up to sixteen.

If, on the other hand, we take the professional classes in town and country, we find that for such of the ages as are recorded in these tables (age nine upwards) the heights of boys are distinctly above the average at all ages. Girls of the same classes are also distinctly above the average at all ages.

If we consider weight, we find that on the whole the same relation holds, the labouring classes in the country being about equal to the average, and the artisans of the towns perceptibly lower than the average. The same is true both of boys and girls. On the other hand, the professional classes come out distinctly over the average in weight; but the difference in favour of the girls of the professional classes is not so marked in weight as it is in height.

Among the commercial classes of the towns, it is found that the deviation from the average height is perceptible both in boys and girls. But the increase is not very striking; sometimes the commercial classes are even below the average. In weight, boys of the commercial classes vary considerably, being sometimes a little above the average and sometimes perceptibly below. The girls, on the whole, approach to the average weights, but tend to fall a little below.

These figures, and the multitudes like them that have been accumulated in many countries, must be studied very minutely if they are to yield guidance

in practical life. Here it is enough to emphasise the broad fact that the richer classes show greater height and weight. From this we may draw the general inference that good nurture promotes growth. As we have already pointed out, however, we must not assume that growth is entirely a matter of height and weight. We must check these two indicators by the health and capacity of all the organic systems.

It would be difficult to prove that these differences are radical differences in biological capacity. They are probably only differences due to differences of economic condition. It is probable that the poorer child suffers from long before birth, because the mother is not permitted to rest during pregnancy. It suffers after birth from all the causes that we deplore under the names of bad housing, bad feeding, overcrowding, over-stimulation, over-work. Whatever be the final and complete account of these facts, the broad contrast is there—the public school boy grows more rapidly and grows more than his relative of the other orders.

7. DIET AND GROWTH

So much for the general relation of good nutrition to growth. Let us specialise a little to indicate what the actual diet of a school boy should aim at. As Dr. Burney Yeo points out:—"It should be remembered that the education of the mind is, and should be, a 'lifelong' process—there is no need of hurry, but that the development of the body is

strictly limited to a certain period of existence, and becomes finally and irrevocably arrested at a given date" (*Food in Health and Disease*, p. 268). Our chief authority here again must be Dr. Clement Dukes, whose thirty years' experience of Rugby gives him a unique title to our attention. Dr. Dukes insists that the likes and dislikes of school children should be considered. Fats and starches are essential, but fat is very frequently repulsive to children. It is possible that education might reduce the revulsion, and certainly the effort should be made; but, failing this, more sugar is essential. For the younger boys, Dr. Dukes recommends meat in some form at least once a day. For the public school boy proper, who is growing rapidly, he recommends meat twice a day. What quantities? Here Dr. Dukes' figure sounds high to our Scottish ears. He insists that in the twenty-four hours, the meat or nitrogenous food supplied "should be one pound of uncooked meat, including fat, which means 20 per cent. of weight of bone, 20 per cent. of weight which is lost in cooking, therefore giving 60 per cent. of fat and lean cooked meat, or 9.6 ounces" (*The Book of Health*, p. 693, art. "Health at School").¹ He adds: "I have given the full amount of meat that is wholesome for the strongest and biggest boys, or those who are growing rapidly. I have done this purposely, though I am aware that younger and less robust boys could not get through the amount I have

¹ See also *The Essentials of School Diet*, by Clement Dukes, M.D., B.S., Lond. Rivingtons, London, 1899.

specified; for them the three-quarters of a pound of uncooked meat is the usual amount required." Fish he strongly recommends. But though he wrote twenty years ago, he might repeat his lament that this excellent food is yet waiting an adequate means of distribution. Vegetables he also, of course, insists upon. He found that in the autumn and winter, when fresh vegetables fell off, there was always "plenty of eczema." I am inclined to question which was the chief factor in producing the eczema—the excess of meat or the deficiency of vegetables. The two chief meals of the day must be breakfast and mid-day dinner. Otherwise, the working capacity of the boy is seriously interfered with. In this, most workers with the brain will agree. Nothing can well be less scientific than loading the stomach in the evening with a staple meal and then expecting the brain to turn on its full power. Where heavy meals are taken late, the sleep cannot be good, and the head-work will be worth little or nothing. It was Professor Bain's custom for over fifty years to do his intellectual work at least several hours after he had had food—on a fasting stomach, in fact. The brain works best when the stomach has least to do. Even in growing boys this is true. From all I can gather, the chief danger of many schools is the danger of over-feeding. But on this matter I speak without authority.

For those that would study more fully the diet of the growing school boy, no better guide can be found than the writings of Dr. Dukes. As I have

said, he takes the strong English view of meat and its substitutes. Perhaps it is our Scottish training that makes us hesitate on the point, but I cannot help feeling that meat occupies too large a place in the economy of every public school, as, indeed, in most other economies. It is right to add, however, that Dr. Dukes intends his "pound of meat" to be rather the standard for "nitrogenous food" than an absolute prescription of so much ox-flesh (see *Essentials of School Diet*, 2nd edition, p. 185). In this, as in other matters, Dr. Dukes' opinions are based on extended concrete experience, checked by scientific theory.

8. ALCOHOL AND GROWTH

It is, I believe, the custom in some English public schools to supply the boys with beer or other such alcoholic drink for supper. I do not know whether any Scottish boarding-school follows this custom or not. Stimulants of all kinds doubtless affect growth in some way, but the parent that imagines alcohol in any form to be essential to boys of any age from five to fourteen, or for that matter from five to twenty-five, should be recommended to study elementary physiology for a few days. If, after that, and after reading what Dr. Clement Dukes¹ has to say on the topic, he still persists in his curious opinion, he should consult his family physician in his own, if not in his child's, interest.

¹ *Alcohol and Childhood*, Church of England Temperance Publication Depot, 9 Bridge Street, Westminster, price one halfpenny.

There may be forms of beer or wine that do boys little harm, but I have not yet met with them, and if their use is sanctioned by custom anywhere, it is a "custom more honoured in the breach than the observance." At any rate, if the parent, knowing what the results are, feeds his boy on beer, he might at least spare us the hypocrisy of lamenting the vicious consequence of his prescription.

9. SLEEP AND GROWTH

What relaxation is to the muscles, sleep is to the brain. For the growing boy, abundant sleep is essential; for the growing boy whose brain is under training, sleep is still more essential. Boys of ten, according to Dr. Dukes, "require eleven hours of sleep, and the best time for it is, except on the very hottest nights in summer, from 8.30 p.m. to 7.30 a.m. For boys under thirteen years of age, ten hours and a half should be set apart, from 9 p.m. to 7.30 a.m. For boys above thirteen, the eight and a half or nine hours permitted, but never obtained, are not too much, if enough, considering their active period of growth, and the amount of bodily and mental exercise they undergo. In bed at 10 p.m., which means sleep not much before 11 p.m., and called at 6.30 a.m. for chapel at 7 or 7.30 a.m., is, I believe, the rule in most public schools. With only this amount of sleep boys seem weary, and look as if they did not get sufficient rest" (*Book of Health*, p. 688).

It seems to me that a simple rule for all boys is

that, given good health and vigour, they should sleep when they are sleepy, never attempt mental work when drowsy, rise early only if they can do so with vigour and not without too great unwillingness. One mother known to me has a very tall son of sixteen years of age. He is a hard head-worker and a fairly hard player. He has often pleaded to be permitted to sit up late to his work, but permission has been refused until he shows signs of being ready to get up in the morning when called. It is, I quite recognise, a severe test; but it is physiologically sound, and boys brought up on that principle will go farther and, in the end, do more than those whose natural appetite for sleep is compelled to conform to the occasionally morbid habits of their parents. If there is no disease, the appetites of the organism are a safer guide for practice than the theories of any school.

10. SOME DANGER POINTS

The saints of sport are not long-lived. They have consecrated themselves to the worship of muscle. They forget that the same brain that should enable them to think is equally exhausted by the discipline of the muscles and the discipline of the mind. Persistent stimulation to muscular exertion has its dangers for the growing youth. Dr. Clement Dukes, to whom, in so many ways, this country owes so much, has shown by concrete facts that at the onset of adolescence there is great danger to the kidney, and that the indiscriminate

indulgence in the hard physical sports of the public schools results very frequently in temporary or permanent damage to it. The reason he offers is simple and convincing. It ought to be in the mind of the careful parent when his son or daughter is passing into the expansive age. It is this—As adolescence supervenes, the heart grows rapidly. This is not all. It grows more rapidly in proportion than the other blood vessels. The result is that it is for the time too strong a pump for the size of the vessels it has to keep filled. The result of this is too great pressure in the vessels of the kidney, and the result of this, in turn, is inflammation or congestion. This he has found very common among the boys at public schools. The damage done by excessive exercise when this condition threatens can hardly be over-estimated. It may mean lifelong enfeeblement. It may mean damage not to the kidney alone, which would be bad enough, but to the heart also and the organs directly and indirectly depending on it. I do not particularise this to alarm, but it is a fact of experience, and it should be always kept in mind as among the possibilities of development. That Dr. Dukes should be able to record case after case is proof sufficient that we are dealing with a fairly common result of the ordinary school exercises of our great schools. Doubtless the headmasters of the schools are alive to these facts, but the parents should equally know them and have them for a guide.

I am not able to give parallel facts of the dangers

that attend the onset of adolescence in the girl. These are perfectly well known, but it is open to question whether they are always handled with perfect wisdom.

II. GENERAL TESTS OF HEALTHY GROWTH

How shall we tell whether a boy is growing at the correct rate? How are we to know whether his life at school interferes with the increase of his muscles, his bones, his nervous system? The parent cannot always be consulting tables of height and weight. He cannot be always weighing his child, week by week, to see whether he is maintaining his pace upwards. Neither can he be for ever calling in the doctor. He—should I not rather say she, for it is normally to the mother that this work falls—she ought to have some guide safe enough to enable her to prevent injury to the child. Does physiology offer any such guide? I think it does.

Let us assume that a child of competent parents has come to the age of five, that he has had all the advantages of good food, cleanliness, good air, freedom of play, in a word all that constitutes good nurture as it is organised by the parent devoted to the scientific care of children. The parents are confronted with the problem—Shall we send him to school? How shall the problem be answered? If it were put to me, I should recommend the following course.

Let the child be examined with minute care by the family physician, who knows the family history,

the family habits, what reliance can be placed on the parents' undertaking, what ailments the child has passed through, what in reason he may yet have to encounter, what rate his mental and physical development has maintained. Let there be a detailed examination of the whole body, both in its general aspects and in its particular organs. Let the physician observe and record the state of development, the state of the nutrition, the sufficiency of fat, of muscle, the condition of the blood, the condition of bones, joints, skin, glands, heart and circulation, lungs and respiration, eyes and vision, ears and hearing, nose and nasal respiration, throat, teeth, digestion, capacity for action, capacity for sensation. Let him ascertain what sleep is taken, what the readiness for play is, what the mental capacity in general as shown by the child's history. Whatever defects in any of these relations he may discover, he should, as far as possible, rectify before the child enters on the new life. Let us assume that he has found certain defects of eye and ear and throat. He must either have them forthwith rectified or so inform the parent that the defect may be watched to an issue and not permitted to interfere with development. Let the parent study the record. Let it be the guide at every stage. If the child is found fit for school, let the experiment be tried. Let the effects on his nervous system be watched. If it be found that he maintains his vigour, his nutrition, his diet, his sleep, his readiness to play, then he does not find the load too heavy. If the new life results in restlessness, if the child grows

nervous, if he readily breaks down, if he shows signs of fatigue, if he cannot sleep peacefully for the full time, if he dreams of his lessons, if he acts in his sleep the work of the day, if he complains of headache, if he has no disposition for play, if he grows pale, if he loses appetite, if he loses fat, then once more the physician should be consulted. We have assumed that the school he attends is hygienically good, that the air-space during work-time is adequate, that work is kept at a fitting quantity. If any of these symptoms persist, let the child be freed from every care and permitted to play. If, on the contrary, he shows none of these signs, it may be inferred that the new life will not touch his growth. But as a safeguard he should be examined at least once, if not twice, in every school year, in the detailed way I have indicated. So long as the physiological systems work well, the rate of growth is of little consequence.

12. CONCLUSION

Did time permit, I should have wished to go a little farther along these tracks. I should like to analyse the concept of growth as it is manifested in some of the individual organs of the body. I should like to show how the heart increases; how the brain grows in complexity; how the muscles keep up a perpetual rhythm in response to the demands of mind; how the intellect grows synthetically from its first germs to its final revelations in science and action and institutions; how, in a sense,

the whole world we live in is of our own making and is our own. But were I to follow these lines of speculation, I should have to call my paper by another name; although I should still be but showing forth the relations of the infinitely subtle mind of the child to the world he has come awake in, to the world where he will one day fall asleep again, leaving to it his work, evil or good.

“They are but sailing foam-bells
Along Thought’s causing stream,
And take their light and sun-colour
From Him that sends the dream.”

MEDICAL EXAMINATION AND SUPERVISION OF SCHOOLS AND SCHOOL CHILDREN¹

INTRODUCTORY

I THANK the Council of the Royal Society of Edinburgh for inviting me to lecture on the Medical Examination and Supervision of Schools and School Children. It is always an honour and a privilege to be permitted to address so distinguished a Society. It is also a great responsibility. Where the exact sciences are in the ascendant, where the traditions of clear thinking are so powerful, any man naturally hesitates to bring forward any proposition not capable of direct verification by experiment, or any practice not founded on fully thought out scientific concepts. Still more naturally may he hesitate when his subject is taken from the confused world of actuality, where the isolation of facts is difficult, where exact observation is almost impossible, where coherent science is still a distant ideal, where nevertheless concrete problems of immeasurable importance are pressing for solution. If I have dared to bring before you matters that are not yet scientific, it is because the presenting of crude facts

¹ Afternoon Lecture before the Royal Society of Edinburgh. Delivered, by request of the Council of the Society, 13th March 1905.

to a scientific Society may hasten the application of scientific methods to one immediate social problem—What can the practice of medicine do to develop the mental and physical potentialities of the rising generation?

The present universal ferment of social ideas is not without a meaning. If any clear issue at all has yet emerged, it is that we are entering on an era of Personal Hygiene. As the beginning of the last century witnessed the great movement towards an improved environment, so the beginning of this century is witnessing a movement towards the improvement of the organism. It has taken a century to persuade the ordinary citizen that his environment of house and street and atmosphere is after all in some measure his own creation, a thing plastic and manageable, a form answering to his will. Perhaps, with the greater pace of to-day, it may take less than a century to persuade him that when he has put his house in order, it is then his duty to fit himself to live in it. The vastness of the problem need not appal us. Time is on our side, and many little things point the way to practice. One truth we have already realised—if we would fit the man for his environment, we must begin with the child. "The child is father of the man."

Two years ago the Physical Training Commission (Scotland) presented its Report. Last year the Physical Deterioration Committee presented its Report. Neither of these Reports professed to be exhaustive. The Scottish Commission started with the intention of discovering how the youth of the

country could best be physically trained into an athletic manhood, and ended with a proposal for further investigation of the facts. The Deterioration Committee started with the question, Is racial dereriation a fact?—and likewise ended with a demand for further investigation. In both Reports the school child is the focus of interest. This is not because the younger children or the adults are in themselves less interesting, or present more difficult problems; but because the school child has for a generation been under the direct control of the State in one of his many relations. And the school child, easily seen, easily examined, easily described, has enabled us to crystallise the conception of personal hygiene and to test the possibilities of remedial measures. I may say at once that I have no fears for the present or the future of our races. It has not been demonstrated that racial degeneration in the true sense has assumed to-day greater proportions than in any past period. Such deterioration as the various investigators have discovered is less a matter of inheritable defects than of defective environment. It is mainly a generational degeneration, and does not destroy the potency of the races to recover any ground they may have, for the moment, lost. It is the natural tendency of social reformers to look for a remedy before they have understood the disease. It is well to know that the facts will now be subjected to the criticism of cool science, and it is well to remember that the high priest did not fare well when he “trembled for the ark of God.”

In the matter of school children, the need for facts is paramount. By an accident it fell to me to have a share in the examination of 1200 children, of whom 600 belonged to Edinburgh schools. When the facts, such as they were, first became known, we were freely accused of gross exaggeration. Because we said that some children were dirty when they were dirty, and others thin when they were thin, and others deaf when they were deaf, and others undergrown when they were undergrown, we were adjudged guilty of scientific heresy. When further, for one reason or another, the 600 children from Aberdeen showed a smaller proportion of the same defects, we were declared to have traduced the community we live in. This afternoon, I propose to put before you some leading facts of those investigations, and some facts even more striking from Glasgow, London, Manchester, Bradford, and Dundee. The charges of exaggeration, of gross error, of sensational misapplication of common knowledge, may or may not be true; it is certain that up to the present those charges have been founded in prejudice and want of knowledge. The only way to disprove alleged facts is to produce other equivalent facts obtained by more exact methods. So far, as I think I shall persuade you, any facts obtained have rather confirmed than controverted the results published by the Royal Commission on Physical Training (Scotland).

One word more in introduction. Such results as the various investigators have been able to produce have already persuaded the Parliamentary

mind. In their Scottish Education Bill of last year (1904) the Government included provision for the medical examination and supervision of school children. In England, the new education authorities have similar powers. The examination of school children is, therefore, no longer a question of doubtful politics. If it were, I should not have chosen this subject for a lecture. It has now all but passed into the region of administration, and that is why I offer you some suggestions towards practical administrative methods.

I. MEDICAL SUPERVISION OF SCHOOL BUILDINGS

It is proper to separate the medical supervision of schools from the medical inspection of school children. The separation of the two is founded on one important practical consideration. Already, the Public Health Acts provide for the medical inspection of school buildings. Without any increase of powers, it is already possible practically to secure that the structure of school buildings is in accord with the latest hygienic ideas, and that the premises are kept in a sanitary condition. The local authority for public health has the same control over schools as it has over dwelling-houses. The local authority is ultimately responsible to the Local Government Board, who can enforce within certain limits a sufficient sanitary inspection. Further, school buildings are scrutinised by My Lords of the Scotch Education Department, who satisfy themselves both in general and in detail that the plans

are executed on hygienic lines. It is true that many schools, especially in the rural districts, are unsatisfactory; but it is equally true that the local authorities and their officers are steadily pressing modern views of sanitation on all those responsible, and I have no doubt that, with the extension of the School Board areas, there will come an increased acceleration of school improvement. In cities there are few points of structure that need really give the administrator serious concern; but there are many points of management where a closer medical scrutiny would result in improvement. Later, I shall mention one or two points; but I refer to the matter here merely to indicate that administratively we are already in a position to deal with school buildings.

2. INFECTION AND DISINFECTION OF SCHOOLS

Perhaps it is well here also to dispose of infection and disinfection. Already, the powers of the Notification and Public Health Acts are entirely adequate. If the medical officer of health suspects that infection exists in any school, he has the right to enter and to examine the children. If a school child is notified as suffering from any notifiable infection, or discovered to be suffering from any infection whether notifiable or not, he must be excluded from school until the medical officer of health or a medical practitioner certifies him free from disease and infection, and certifies that the house and everything in it exposed to infection have been disinfected to his satisfaction. At

the same time, the parent is under obligation to procure the certificate ; the teacher is under obligation to exclude the child from school until the parent produces the certificate ; both parent and teacher are under a penalty of £2 for failing in these duties. As to disinfection, the school is a house within the meaning of the Act, and what applies to an infected house applies equally to an infected school. In the rural districts a good deal of administrative difficulty has resulted from these drastic clauses ; but, on the whole, the results have been excellent.

There is room for improvement and adjustment between the local authority for public health and the School Boards ; but this is a matter of detail, not a matter of principle. In Germany, the public health and the education authorities are practically one and the same. The *ad hoc* principle there applies rather to officials than to Corporations. In England, by the recent Act the public health and the school authorities are also practically identical ; but in many cases the officers are specialised for public health purposes or for school purposes. In Scotland, as I have indicated, the public health authority already has in a limited number of places the control of buildings, and has everywhere the control of infection and sanitation. The Bill introduced last year made no difference in this principle.

What then remains to do ? There remains the inspection of the school child, not for infectious diseases alone, but for all the diseases and conditions that in any degree unfit him for school life. How in practice are we to realise this end ?

3. GENERAL SCHEME OF MEDICAL INSPECTION

The recent investigation made for the Royal Commission on Physical Training was directed to one special object—to ascertain whether there was any substantial ground for advising medical inspection. The schedule of particulars offers a model that, with a little adaptation, may be made suitable for routine inspection. The schedule, it is right to record, was primarily devised by Professor Matthew Hay of Aberdeen; it was discussed by both investigators, and finally approved by the Commission. It included a large number of anthropometrical measurements, which could not well be expected from a routine inspection, but form nevertheless a valuable item in a general physical census of children. I refer to this schedule for two reasons, first, to indicate the scope of the particular inquiry, and second, to indicate how much is practicable in regular and periodic inspection.

4. ROUTINE SCHEDULE

On the basis of the Commission's Schedule, I have devised another, which has been subjected to a fairly severe test in Edinburgh, in Glasgow, and in Dundee.¹ It has been used to guide the examination of over 3000 children. It is comprehensive, but not exhaustive. It indicates what is actually possible within school conditions in Scottish schools. It has been objected to as rather elaborate for

¹ See *Medical Inspection of School Children*, p. 73 and Appendix.

routine purposes; but the objectors have always difficulty in saying what ought to be left out.

The schedule aims at treating the child as related at once to the home and to the school. If we are to secure the full advantage of medical inspection of school children, we must maintain a perfectly definite relation between the School Boards and the public health authorities. That is the primary purpose of relating the school child to his home. In Glasgow it has been found, as the result of the examination of 750 children, that many conditions discovered in the school inspection have the most direct bearing on the cleanliness, the ventilation, the lighting, and the overcrowding of the homes. In Dundee the experience has been the same. Although, therefore, a number of the headings are not medical, they have a medical or hygienic reference. For these reasons I have suggested that whether used at the moment or not, they should be retained in any adequate system of examination. The school child is not an abstraction. He carries with him everywhere the evidences of his daily nurture. He is well-fed or ill-fed, he is well-cleaned or ill-cleaned, he is well-clad or ill-clad, he is well-slept or ill-slept, and he is always one or the other because the home he comes from is wealthy or poor, clean or dirty, overcrowded or uncrowded, quiet or noisy. These facts offer an immense field for scientific study. The fitness of a child to begin a day's work at nine o'clock depends on his hours of sleep, on the food he has eaten, on the air he has breathed within the preceding twelve hours. One broad result

emerges—the house that suits the eating and sleeping necessities of the adult father and mother does not suit the necessities of the school child from five to fourteen. This fact at once opens up the question of nervous fatigue and its measurement. On this matter, I have no results to show; but any physiologist would, I think, agree that school fatigue is, in mathematical terms, a “function” of the home life.

The other items of the schedule bear on the life at school—regularity of attendance, physical exercises, height, weight, etc. As I am able to give illustrations on some of the other headings, I need not discuss them generally now.

5. MEDICAL INSPECTION IN NUREMBERG

In many localities of Germany, Austria, and Switzerland, medical examination of children has proceeded for many years. I take a single illustration from Nuremberg. The schedule and certificates (pp. 110–114) indicate at once the duties of a school doctor and the range of his examination. On the whole, the ground covered is much the same as it is in our own schedules. Nuremberg is a city of some 270,000 inhabitants. It has fifteen school doctors, who give part of their time to the examination of children admitted, and the periodic re-examination of the children in attendance. The school doctor subjects each child of school age to a full examination—height, weight, chest measurement, eyes, ears, throat, heart, lungs, muscular condition, spine, bones,

nervous system, mental condition, degree of development, etc. The parent receives notice of the day of examination and may be present. If the child, though of school age, is not fit for school duty, he is not admitted. If he is found to have any defect, he is recommended for treatment. If, though suffering from some slight defect, he is found fit to begin work, he is kept under supervision from year to year. All the children are kept under general supervision through their whole school life. Infectious diseases are dealt with much on the same lines as we deal with them in this country.¹ In the recent Report by Mr. Andrews, H.M. Inspector of Schools, on the Examination of Schools at Charlottenberg and Berlin, similar details are recorded, and from the Report of the International Congress on School Hygiene at Nuremberg, 1904, many more illustrations might be derived.

It is nowhere suggested that the medical inspector of a school should be responsible for treatment. Each country develops its own method of dealing with this problem. Parents frequently know nothing of defects in the eyes or ears or throats of their children, and, as is recorded in the Dundee Report, have been found only too glad to be informed. Many parents will of course remain indifferent. But many children suffering from defects will find their way to the dispensaries and the hospitals. There will, however, be a small remnant of children that, with our defective administration of charities, are not at present provided for, and may have to be

¹ See p. 106.

dealt with by some new organisation—the School Board or another. But my impression is that, in most localities, the remnant of diseased or defective children whose treatment is unprovided for will be small. In any case, it is our duty to discover how large or how small it is. The experience of London is that the work of the medical officer of the School Board has to be supplemented by the visits of trained nurses. New York has moved on the same lines.

As a type of the child unprovided for, I single out the case of the child with scabies. The hospitals as a rule do not admit this disease. The dispensaries cannot conveniently treat the case to a finish. The parents are usually too ignorant or too ill-trained or too dissipated to carry out the cure. The public health authorities do not, for the present, accept the burden except in special cases. The result is that cases may become chronic and school departments become infected. In actual fact, however, the amount of scabies in Scotch schools has not been found great; but it ought to be better provided for than our present machinery makes possible. The same is in greater or less degree true of favus, ringworm, and impetigo, which usually occur among the poorly nourished and poor children.

6. INSTRUCTION OF TEACHERS

In the three schedules I have mentioned it is presupposed that the teacher must play a primary part in any system of medical inspection. This is too

obvious to need enforcing. All over Scotland the teachers themselves have given evidence of a strong desire to become familiar not only with the general hygiene of school buildings, but with the more obvious signs of unfitness in the children as well. The School Boards, the Normal Training Colleges, and the Scotch Education Department have in their several ways responded to this desire. For many years the Department has required some instruction in the Laws of Health as part of the curriculum of the Training Colleges. At present all the Training Colleges in Scotland are arranging or have arranged such courses of instruction both theoretical and practical. These courses are specially designed to put the teacher in a better position to scrutinise the class for obvious defects of eyesight, hearing, breathing, and the like. It goes without saying that the teacher's interest in the physical and mental growth of the child is thus intensified. If the labour of the school is for the moment made greater, the value of the teaching is not made less. The more the teacher knows about the health of the children entrusted to him, the simpler and the easier will the work of medical inspection become. And it may be said at once that without the co-operation of the teacher the organisation of medical inspection is impossible.

In the course of my observation I have found abundant proof that the teachers will welcome the installation of a regular medical inspection. Apart from the Normal Training College courses referred to, several School Boards have arranged courses for

acting teachers. In one city some 300 teachers are at present (1905) attending a course of expositions covering all the important points where the teacher is concerned with the health and fitness of the child. Doubtless these courses will be multiplied everywhere, until every teacher has had an opportunity of becoming familiar with the practical aspects of school hygiene and the health of school children. Now that, in Scotland, the training of teachers has been placed on a national footing, we may reasonably expect that the movement already begun will be developed with greater precision and detail. It is right also to add that a general inspector of physical training for the whole of Scotland has been at work for a considerable time. He is organising the collection of general facts about height, weight, occupation, and certain defects of eyes, ears, etc. The beginnings thus made are preparing the way for the more elaborate physical examination that the new Education Act will make possible.

7. MEDICAL INSPECTOR'S ROOM

At present, our school plans do not provide for a special medical inspector's examination room. Until such a room is provided, on the same lines as the headmaster's room and others, the work of medical inspection will tend to cause a certain disturbance in the daily work of the school. Such disturbance will be reduced to a minimum when the medical room is a recognised functional part of the

school. In Nuremberg I have not found any evidence that a medical room is provided; but Professor Burgerstein of Vienna, a leading authority on school hygiene, informed me that in the new schools of Austria a medical doctor's room will be provided.

8. NUMBERS OF SCHOOL CHILDREN TO BE EXAMINED

The number of school children attending Board schools in Scotland is over 800,000. We cannot hope to see this large army of civil recruits examined all at once. But if we assume that the new admissions amount to 10 per cent., that is 80,000, the task of examination becomes much less formidable. The majority of those children attend town schools, where medical service of every variety is easily obtained. When you distribute 80,000 children into small parcels varying from five or ten up to 200, and spread their examination over half a year, the practical difficulties begin to disappear. In the town of Zürich in the year 1902, 2994 had attained school age. These were all examined on admission, and 4.7 of them were rejected as still unfit. What a town like Zürich finds to be possible, the towns and districts of Scotland will find to be equally possible. A detailed examination of children on admission will steadily reduce the amount of defects found among the older children, and the work of medical supervision will steadily become easier.

9. STARTING-POINT OF THE RECENT INVESTIGATIONS

In Britain the study of the school child owes an incalculable amount to the thirty years' labour of Dr. Francis Warner. He gives us a summary of his results with 50,000 London school children.¹ The facts he details so minutely in his books have been lying before us for nearly a generation. The popular interest in them was stimulated once more by the lament over the results of the recruiting agencies. The table now shown indicates the grounds for these complaints and the causes of the many rejections.¹

It is natural to inquire whether the defects found in the recruits of the fighting army may not be common to the recruits of all armies, and whether the facts incidentally revealed by the examination for war do not point the way to an examination for the ends of peace.

10. ILLUSTRATIONS OF RESULTS

So far the form and organisation of medical inspection. I shall now indicate some of the results already obtained.

11. HEIGHT AND WEIGHT

In Appendix XIX. to the Report of the Inter-Departmental Committee on Physical Deterioration,

¹ See Report of Royal Commission on Physical Training (Scotland), pp. 45 *et seq.*

Dr. Alfred Eichholz, of the English Board of Education, has given a series of valuable and interesting charts to illustrate the physique of school children. These charts he has constructed on a basis of height measurements. He has found that "height curves are easier to obtain, and display discrepancies better than weight curves. They are, therefore, preferable for purposes of statistical examination." This, no doubt, is generally true; but, as I shall show you, the weight curve where it can be obtained is of extreme significance as a test of immediate nutrition. Before showing you some selected curves from this series, I should say that Dr. Eichholz's general conclusions are these:—

1. "London shows greater extremes of excellence and superiority than provincial towns. The difference between the good and the poor types is very grave.

2. "The best children are practically equally good in all towns.

3. "In the case of younger children, the worst in London are lower in stature than the worst elsewhere—Manchester, Salford, Leeds.

4. "The curves in Manchester and Salford are flatter than elsewhere, due possibly to the wider prevalence of rickets, but associated also probably with the Celtic strain in the population."

12. SELECTION OF STANDARD

A good type of London school—Honeywell Road Board School, Wandsworth Common—was taken as

a standard. In this school physical exercises were a speciality in all departments. The rate of growth was found more uniform than in either of the country schools compared with it, and as the selection of children seemed to represent a good quarter, the results were taken as a basis of comparison. One small country town from the South and another from the North showed distinct deviations from the standard. The Southern town showed heights distinctly lower up to the age of eight, and perceptibly higher from age eight to age thirteen. The Northern town showed, for most of the available ages, heights slightly lower than the standard. These curves are based on the average height of twenty children of each year of school age. The heights shown are an average of boys and girls. This somewhat impairs the charts for the purpose of comparison, but the differences as shown are sufficiently striking.

13. A LOW GRADE TOWN SCHOOL IN A NEGLECTED DISTRICT (LONDON)

In comparison with the standard, Johanna Street Board School, representing this district, showed "irregular growth and severe retardation of a very grave nature." This is in entire conformity with observations taken in Edinburgh, Glasgow, and elsewhere. In another school,—St. Clement's Road Board School,—which represented a criminal and neglected area of London, the same general retardation in growth was conspicuous.

14. MANCHESTER

In Manchester, two schools were compared with the standard. One, Ducie Avenue Board School, a school of the best type, on the whole held its own with the standard. Another school, Sharp Street, a notably bad slum area, fell distinctly below the standard at all ages. The curve serves to show that—"good population in Manchester is practically as good as best in London. Apparent falling off in Ducie Avenue at later ages probably associated with the transference of the best children to the Central Higher Grade School and other higher schools." In comparing schools, it is always important to remember causes of variation such as these.

In Salford and Leeds the same general difference was found to prevail. In a poor grade school in Bethnal Green, where the London County Council have been erecting modern dwellings, the heights of the children were found at the earlier ages to be as good as the best, and at the later ages to be little short of the best. We are not to suppose that the erection of dwellings is in itself a cause of improved heights in the children. Rather we must assume that the better dwellings attract the better class of people.

15. ELTRINGHAM STREET BOYS' SCHOOL,
WANDSWORTH

This school is situated in a poor industrial neighbourhood; but for twelve years drill exercises and

organised games appear to have been maintained. Towards the later years of school life the increase in height seems to approach the standard. One hesitates to assign this improvement in growth to the improvement in physical discipline ; but possibly, in general, this will be found associated with better feeding, and may on the whole be accepted as a factor in improved growth.

In a Board school frequented by alien immigrants (Jewish), Dr. Eichholz found a high grade rate of growth. For the earlier ages up to eight, this school was perceptibly above the standard. For the other ages, it was a shade below.

16. A SCHOOL FOR FEEBLE-MINDED CHILDREN

Dr. Eichholz has had special experience of feeble-minded children in London schools. In one school, St. Clement's Road Centre, Nottinghill, he found conditions that indicated irregular and much retarded growth. Children of ten years of age show nearly five inches of deficiency in height. The curve of the feeble-minded is very irregular, and suggests sudden alterations in the rate of growth.

17. WEIGHT CURVES

As an illustration of differences in weight, a country school (Ripon), a good town school (Brudenell School, Leeds), and a poor town school (St. Peter's, in Sweet Lane, Leeds) were compared. Generally, the weight curve shows the same

differences as height curves. The poor children are always lighter as they are smaller. The rural schools on the whole approach the better town schools.

18. SCOTCH SCHOOLS—EDINBURGH, GLASGOW, ABERDEEN

These charts indicate generally what we have recently found verified among the school children of Scotland. In the investigation made for the Royal Commission on Physical Training, the numbers of children chosen from Aberdeen and Edinburgh were admittedly too small to form an adequate statistical basis for general conclusions; but, so far as the figures go, they follow the same general trend as those I have described. Recently, Dr. Chalmers, the Medical Officer of Health for Glasgow, has completed and recorded a physical and medical examination of 750 Glasgow children. The general result has been the same. In the poorer quarters the children are smaller and lighter than in the better quarters. In at least one of the Glasgow schools the children were found distinctly smaller and lighter than in Edinburgh. In the Report of the Physical Training Commission you will find a comparative table made from the British Anthropometric Committee's standard, the Boston standard, and the results of the Aberdeen and Edinburgh investigations. Both for boys and girls, the heights of the Edinburgh children are almost uniformly lower than the standard either of the Anthropometric Committee or of Boston. The Aberdeen children run much the

same course as the standard, but perceptibly below Boston.

I do not here raise any question of the validity of these figures as representing either the Edinburgh or Aberdeen children. Nor do I need to emphasise the fact that the British standard and the Boston standard are based on an examination of many thousands of children, whereas the Aberdeen and Edinburgh figures are based on an examination of 600 children for each city. It is beyond question that both Aberdeen and Edinburgh can show children of all ages to reach the British standard; but it is equally certain that both towns contain children that fall distinctly below. Edinburgh, as the larger city, naturally contains a greater aggregate of poorer children, and this fact naturally is manifested in any given school in a more striking way than in Aberdeen. Glasgow, again, has a still greater aggregate of poor children, and, as I have said, the heights for the poor areas fall perceptibly below Edinburgh.

The weight curve follows closely the same course as the height curve. At the higher ages, the Aberdeen and Boston figures shoot upwards, but in Aberdeen at least this is probably due to the small numbers examined. The Edinburgh girls of thirteen and upwards rise rapidly above the standard. This also is probably due to the error of small numbers.

Perhaps it is more instructive to compare the Edinburgh schools with one another. Naturally, the curves are somewhat more irregular, because the numbers compared are smaller. But the same

general truth is made manifest—children from the better quarter are taller and heavier than children from the poorer quarter. The two extremes are Bruntsfield School, a higher grade school, drawing its pupils from a varied and good population, and North Canongate, drawing its pupils from a very poor population. The children from Bruntsfield School on the whole maintain the same level as the British standard, occasionally surpassing it. The children of this school are much more properly comparable with the children of Aberdeen. They do not, of course, represent the wealthier classes of Edinburgh, which would more properly be shown in the Merchant Company's schools and in the Academy. Incidentally, it is gratifying to learn that recently the Edinburgh Merchant Company have appointed two lady doctors to examine the girls in their Girls' Colleges. I do not happen to have figures for the children of the wealthier classes in Edinburgh, but I have little doubt they will show the same general superiority as elsewhere. More money means better nurture.

19. DUNDEE SCHOOLS

In the excellent Report just issued by the Social Union of Dundee, we find another mass of confirmatory observations. In the tables of height and weight the "median" average is used instead of the arithmetical mean. This makes it inadvisable to compare the small numbers at any one age in Edinburgh, Aberdeen, or Glasgow with the figures

from Dundee.¹ But, as the tables indicate, the contrasting figures within the city of Dundee itself are enough to show that there also the same general truth is verified. The children of the elementary schools are perceptibly less in height and weight than the children of the Harris Academy. In some respects the conditions found seem to have been distinctly worse than either in Edinburgh or in Glasgow.

These figures, being so uniform, in various localities, even though they are so small, cannot be accidental. It is to be hoped that before long we shall have a much more extended basis of comparison. The returns now being organised by Captain Alan Foster, Inspector for Physical Education in Scotland, will enable us to build up more reliable averages. I trust that the teachers and School Boards everywhere will extend to Captain Foster's work the cordial co-operation that is indispensable to the success of it.

I have given you these illustrations of heights and weights not so much for their individual interest, as to point the way for much more extended records. The Grammar School in Aberdeen, for example, maintains a physical register such as I should wish to see in every other Board school. There is room here for a wholesome rivalry among schools. Height and weight, it should always be remembered, are fundamental facts both in growth

¹ But on working out the Edinburgh figures by the "median" method, I found that the differences between the "median" and the arithmetical mean were always merely fractional.

and in nutrition. They are the first step to medical examination. Every teacher knows how to record them. Every school should have its weighing machine and its measuring standard. Every school should have its charts of height and weight for all ages. In Nuremberg, I noticed that the measuring standard was fixed on the side of the door of every class-room. This is also necessary for fitting the children to the desks. There the measuring of the children is a matter of routine. Before many months are over I hope it will be a matter of routine in every Scottish school. If by taking thought we cannot add a cubit to our stature, we may at least take means to discover where the cubit is wanting.

20. MENTAL CAPACITY AND THE SENSES

In every school there is a certain percentage of mentally deficient children. The School Board have under the present Code some powers of dealing with the mentally defective. The powers may need extension. But the percentage of the really defective in our Board schools is small. The percentage of dull children, however, is considerable. The discovery of the causes of mental dulness and retardation is one of the most important purposes of medical inspection. The teacher does not take long to find out that there is an intellectual better and an intellectual worse in every class, even if the class number but two or three. It is not so easy to prove that, in a vast number of such cases, the dulness is due to some defect of the primary senses

of eye and ear. But that such defects account for a great deal of mental backwardness is beyond question. As a concrete instance, let us look at the results of the Dundee investigation. Out of the thousand children examined, not less than 87, that is 8.7 per cent., were returned by the teachers as mentally dull. They were found by the medical examiners to be suffering from defects of eye and ear or both. That list alone is enough to justify the instituting of a systematic medical inspection. How shall the half-blind be taught to read, or the deaf to understand?

Is it quite fair that a child should be handicapped for life because in his nine years at school he found no one to suggest that an oculist should examine his eyes and an aurist his ears? What a waste of public money it is to keep teachers working lamed senses like these!

Into the general question of the testing of mental capacity, I do not enter. It is a matter for the specialist in insanity and the educational psychologist. There is material enough for them both.

21. GLANDS

Why is it important to examine glands? The question hardly needs answering. If you look at a picture showing the superficial glands of the neck, and another picture showing the deep glands of the neck, you will see at once why the examination of glands is indispensable. The glands are the sentinels of the lymphatic system. The lymphatic system is the absorptive system of the body. You cannot

prick the skin anywhere without entering some branch of a lymphatic vessel or canal. In vaccination, for example, a few superficial scratches of the skin may, without drawing a drop of blood, penetrate to the lymphatics and secure the absorption of the vaccine. The neck glands are of two orders—deep and superficial. Some lie more to the front of the neck, others more to the back. Where the teeth are bad, the front neck glands are readily affected. Further, where the tonsils are inflamed, or the back of the throat, the glands associated with those regions forthwith become inflamed. Absorption by the glands, therefore, is of primary importance. They are the first halting-place of all infectious organisms entering from the surface. They may soften and break down, as commonly occurs when they are infected with tubercle. They may become hard and painful, as in acute inflammations of the throat or tonsils. They may become chronically enlarged, as is common in feeble and ill-nourished children. In short, they are always, either positively or negatively, a good indicator of the physical conditions. Among well-fed children, whose teeth are good, whose skins are clean, whose heads are free from vermin, whose throats are free from chronic inflammation, neck glands are very rarely enlarged. They are almost always enlarged to some degree in children whose teeth are bad, whose heads are verminous, whose skins are dirty, whose throats are inflamed. In one of the Edinburgh schools only seven cases of enlarged glands were found in 160 children. In another,

some 45 cases of enlarged glands were found in the same number. All over, 18 per cent. were found in Edinburgh schools. In one Glasgow school 29 per cent. were found, and in the best school there the percentage was 12. For Aberdeen children the percentage was 2. In the best Edinburgh school the percentage was about 4. In Dundee the percentage was 37.3 among boys; 2 among girls. In the best Edinburgh school none worth recording occurred among girls. Swollen glands are so easily observed that every teacher is capable of observing them.

22. DEFECTS OF RESPIRATION—ENLARGED TONSILS AND ADENOIDS

The normal child breathes through the nose. If, when not excited, he usually or even occasionally breathes through the mouth, it is because he is suffering from some obstruction of the nasal passages or from some defect in the shape of the mouth or palate. It is not to be assumed that every child with an open mouth breathes through the mouth; for the tongue may press against the roof of the mouth while the lips remain open, and thus the mouth-breathing is sometimes only apparent. As a rule, however, mouth-breathing indicates some degree of nasal obstruction. Obstruction may be due to enlarged tonsils, to chronic inflammation of the nose, to the narrowness of the nasal openings, to the overgrowth of the nasal septum, or, more commonly, to the overgrowth of

the delicate lymph tissue lining the back parts of the nose and throat. Such growth of lymph tissue is now familiarly known to everyone as adenoids (or gland-like growths), or nasal vegetations. They vary in degree from an almost imperceptible elevation of the tissue to large hanging masses that entirely obstruct the nasal passages. The results to the child are serious. He is backward in development. He is stupid. He is liable to repeated colds. He is more open to infection. His speech is affected. His hearing is affected. His whole nutritional tone is affected. Here I should like to show you the nose as it would appear from behind in a bad case of adenoids. It is obviously impossible through so small an opening to transmit freely the air necessary for correct respiration. I should like also to show the tonsils in their normal development. Very frequently adenoids go with increased size of tonsils. The chronic inflammation that leads to enlarged tonsils inflames also the back of the throat and blocks the air tube between the throat and the middle ear (the Eustachian tube). The result is that the air within the middle ear is not renewed as often as it should be; on the contrary, it becomes absorbed, and then, by the pressure from the outer air, the ear drum is forced inwards. Technically, this is known as retracted membrane. Retraction of the membrane affects the hearing for all purposes. It may result in absolute deafness. It usually results in dulness of hearing. It probably, almost certainly, interferes with the perception of musical pitch. A "bad ear" for music may be literally a bad ear.

If these be some of the consequences that flow from enlarged tonsils and adenoids, it is surely more rational to waste a little time in medical diagnosis and treatment than to waste the teacher's voice in compelling the infant to hear. Enlarged tonsils and adenoids are so common in some communities that they are by many physicians reckoned practically normal. Normal in one sense they may be—they are the results of structural defects or wrong habits in breathing or in nurture. But whatever the cause, it is usually possible to apply some remedy. It is fortunate that nasal obstruction so rapidly leads to a feature so easily observed by the teacher as mouth-breathing must always be. If I were a teacher, my first scrutiny of my class every morning would be a scrutiny for mouth-breathers. My first order would be, "Shut your mouths." Any child that cannot breathe freely and easily with his mouth shut ought to be set aside for the medical inspector.

23. ASPECT DUE TO ADENOIDS

When a child is cured of adenoids the open mouth and the somewhat stupid expression give place to the closed mouth and a look of greater intelligence. Even in adults the removal of nasal obstructions seems occasionally to work a similar transformation.

24. TEETH

The question of bad teeth has been agitated so long, and the resulting issues are so grim, that I

may pass the subject with a word. Elsewhere, at the risk of appearing ridiculous, I have suggested tooth-cleansing drill as a possible addition to the innumerable disciplines of the school. The suggestion would be ridiculous did we not know that all the digestive functions, which involve the whole nutrition of the body, depend on the teeth. Nor this only. It is known that infective germs may live in the teeth and produce chronic ill-health. In one city, the mention of tooth-cleansing drill resulted in a proposal to establish prizes for the best and the cleanest teeth. Good and clean teeth are at least as worthy of a prize as well-developed muscle. A clean mouth means a great deal to the child. However long the school medical inspector may be delayed, the school dental surgeon should certainly be hastened.

An English dental surgeon, with whom I visited two orphanages at Nuremberg, assured me that he could keep the teeth of each institution right at an expenditure of thirty shillings a year on material. He had had large experience of Poor Law schools in England.

25. EARS AND HEARING

The teacher has endless opportunities of testing the hearing. Every hour of the day he is applying the voice test. He should have no difficulty in knowing every case of defective hearing in his class. If a child cannot hear the words "twenty-two" whispered clearly at twenty feet distance, he ought to be carefully examined. If he cannot hear a

watch ticking at a foot away from the ear, he is certainly deaf. Before a child is assumed to be feeble-minded or backward, his eyes and ears should be examined. Unfortunately, the conditions of school work make it difficult to apply precise tests to the hearing; but the teacher, as I have said, is always applying a test that is of the highest value. He should be able at least to pick out the grosser cases of defective hearing.

26. EYES AND VISION

A short time ago I was consulted by a school-master who suffered all day from headaches. He had suffered for years. He suffered most when he read most. He had consulted a physician, who prescribed sedatives, possibly bromides. The headaches occasionally disappeared when the drug was taken, but only at the expense of great nervous depression. He awoke every morning in the same dull, aching condition. The first thing I asked him was, "Can you see properly?" He thought he could. I set up before him the usual test types at twenty feet distance. With one eye, he was able to read what was normal for his age. With the other eye, he could scarcely read at all without some straining for distant vision and a great deal of straining for nearer vision. I found that the defect in his defective eye was due in part to a small inflammatory adhesion dating from the time when he had measles, about the age of three. As a boy he had suffered slightly. As a student he

had suffered a good deal. As a teacher he had suffered enough to compel him to act rationally. I took him to a nerve specialist, who carefully examined his whole system, and found nothing but this trifling defect to account for the facts. Nothing except one thing—I had discovered that he heard very badly, and on examining his ears I found him suffering from great retraction of the membranes. His deafness had supervened on a bad throat cold two years before. He had himself attributed it to advancing years, and for the first time I learned that a teacher regards himself as old before he is forty-five! His ears, indeed, turned out to be worse than his eyes. I took him to an ear specialist, who did, with only partial success, all that modern aural surgery could suggest. As for the eye, it was ultimately fitted with proper spectacles, and the teacher became a new man.

This is an extreme case. The eye defects became most troublesome in adult life. But when one reflects that from twenty to thirty per cent. of our school children in Scotland suffer from eye defects needing correction or attention, we have no difficulty in imagining the sum total of misery that school work must entail. Every oculist will entertain you with scores upon scores of eye troubles in children, whose days and nights have been made wretched, whose health has been impaired, whose career at school has suffered, whose adult life has been permanently handicapped.

Dr. Kerr, of the London County Council, found that with a little care the teachers were able to find out

almost all the children that suffered from eye defects. The percentage discovered by the teacher and the percentage verified by the oculist came very near each other. It is not intended that the teacher should become a skilled oculist, but he ought to know enough about eyes to tell when something is decidedly wrong. He ought at least to know that an eye defect may be at the root of his own headaches.

27. SKIN DISEASES

The skin diseases that give the teacher most trouble are ringworm, favus, impetigo, and itch. Fortunately, a specific diagnosis is rarely necessary. Each of these skin diseases constitutes so striking an abnormality that no one can miss it.

28. INFECTIOUS DISEASES

Probably no diseases of school life are better understood by the teacher than scarlet fever, diphtheria, measles, chickenpox, mumps, and whooping-cough. Every sanitary student ought to be familiar with the early symptoms of these diseases. He should not be required to use the clinical thermometer; but he ought to know that the normal temperature is 98.4° Fahrenheit, and that departures from it upwards or downwards are indicated by specific symptoms, such as pallor or flushing, depression or excitement, sickness, rapid pulse, rapid respiration. He should know the dangers of the various infections, the common modes of diffusion,

the chief symptoms. He should know how to direct the cleaning of a school, and the more he knows about the methods of disinfection the better for his own peace and the health of his children.

29. HEART AND CIRCULATION

How should the teacher know anything of the child's heart and circulation? It is not easy to give practical directions here. But a teacher may at least observe whether a child is too pale, or suddenly flushes up, or easily goes short of breath, or faints, or exhibits the blue, unhealthy look of feeble circulation. It is not desirable that his pulse should be frequently felt, nor can any teacher be expected to diagnose defects of the heart that often puzzle the experienced physician. But sometimes in the schoolroom, and frequently in the gymnasium, symptoms of heart feebleness may appear. Fortunately, the percentage of serious heart disease in school children is not very great; but still it amounts to from 1 to 6 per cent., and I know of no sure method of discovery short of examination with the stethoscope at the hands of a competent medical man. Slight ailments of the heart and circulation are common enough, and they are usually indicated by the poor nutrition of the children.

30. VENTILATION AND HEATING

It goes without saying that every teacher should know what good ventilation is, what the usual means

of securing it are, and how every ventilation mechanism in a school is operated. He should also know what the correct temperature for a schoolroom is, in summer and in winter, and he should know how to regulate his own and his pupils' feelings by the thermometer. He should remember the difference in size between himself and his pupils. He should know that a small body exposes a greater radiating surface proportionally than a large one. The air cannot be too fresh, and if the choice lies between cool fresh air and warm foul air, the cool fresh air must have the preference. But teachers and children naturally complain of cold. Let it, therefore, be understood that it is no disgrace to wear the clothing necessary to keep the body warm. In the poorer schools, certainly it would contribute both to comfort and to work if, in the cold weather, the children systematically wore clothing suited to a cold room. It is, I think, accepted generally that cool air is preferable to warm, and no air can be too cold for a healthy person to breathe. If, therefore, the body is kept warm, the air may be of any degree of coolness without risk to the person. To my mind, the secret of comfortable rooms and schoolrooms is—warm floors, warm walls, warm furniture, bathed in free draughts of cool air. The air, you will remember, cools an object much more slowly than the radiant heat of a fire warms it.

In Dr. Kerr's last annual Report you will find excellent illustrations of the variations that occur in the air of a schoolroom during the hours of work.

31. LIGHTING

The lighting of the schoolroom is a difficult problem, but it is rarely within the power of the teacher to improve it. He usually has to accept what the school architect chooses to give him. He should, however, concern himself to secure as far as possible that the children's faces are not set directly to the light, which, of course, should come from the left side. Beyond this, it is difficult to give any general direction. In certain Swiss schools, I am told, a form of blind has been devised to preserve the light and yet exclude the rays of the sun when these are too strong. The mechanism I mean is simply this,—the blind-roller instead of being fixed at the top of the window is fixed at the bottom, and the blind, instead of being pulled down, is pulled up as far as necessary. The general light of a schoolroom may thus be maintained and the offending rays at the same time excluded.

Experts have worked very minutely over this field, and their results will ultimately find their place in the administrative mind. If the choice of school sites were unlimited, to secure good lighting would be an easy enough problem. But in cities the school must often be adapted to the small area available; the design suffers, and the architect sacrifices lighting to other considerations.

32. SCHOOL SEATS

It is impossible to discuss all the problems associated with school desks and school seats. At

the Nuremberg Congress this was one of the points that excited the keenest discussion. The market has been flooded with patterns of every variety. In the Nuremberg schools the favourite seemed to be the school bench that accommodated two children and could be tilted over to make the cleaning of the floor easy. In most cases the desks were not adapted for standing. In order to stand, the children had to step out into the gangway. But whatever be the form of desk, the business of the teacher is to see that the child sits straight when he is sitting. I know it is the ideal of the teacher to make the child sit still, straight, and uniform. Personally, I hope that ideal will remain permanently unrealised. Attempts have been made to give the child a movable seat. But if the child is not allowed to move, the movable seat will not help him physiologically. Dr. Kerr, whose experience of school hygiene entitles him to be heard, strongly favours the isolated individual seat. Of course, the sizes must be adjusted ; but the main point is that the individual seat allows greater liberty of movement to the child and greater facility for adjusting himself to his neighbour.

33. GENERAL SANITATION OF THE SCHOOL

The teacher ought to know something of school sanitation. This, it is true, is on the whole well provided for under the Public Health and Education Acts. But the teacher ought to know generally as much about lavatories and drains as will enable him to report any defects that may occur. Fortunately,

in the modern school all sanitary appliances are so simple, and so easily managed, that the town teacher has little trouble with them. Still, I have known of a Higher Grade school of the most modern design where, for want of a little effective supervision by a responsible official, the sanitary conveniences had passed into a state of such unspeakable filth as to be a danger to the whole school. This condition is not so rare as we should all wish it to be.

34. CONCLUSION

Many other points remain; but we cannot be exhaustive in a single paper. Every teacher will naturally study the proper division of the day into periods of work, of rest, of recreation. He will want to know the physiology of fatigue, the rise and fall of nervous energy through the twenty-four hours, the relation of acquisitive capacity to the meal-times, what work to require when the mind is fresh, what routine to order when the attention flags, what limits to place on muscular exercise. But these problems are rather problems of physiology than of medicine, and in any case they are too difficult to be dealt with in a phrase.

If, in what I have said, some things appear to you trivial, do not let this be your last thought about them. From the right point of view, there is nothing unclean or common. And the Service of Man knows no holier ritual than the nurture of the child. "Inasmuch as ye have done it unto the least of these, My brethren, ye have done it unto Me."

THE SCHOOL DOCTOR IN GERMANY

AN ounce of example is worth a pound of description. For this reason, I here translate two sets of Regulations for School Doctors. These Regulations have in them nothing vague, nothing doubtful. They contain certain points that concern Germany alone, and do not concern any British organisations. But those points may be neglected, and they are given here only to preserve the sets of Regulations complete.

Of the two sets, the Nuremberg set is the more formal; the Wiesbaden set, the more practical. But the actual work is much the same in each town. The Regulations, with the Health Schedule and Certificate forms, constitute a Code of duties for School Doctors.

If for the "Magistracy" we substitute the School Board or the Education Authority, we may apply almost every one of these rules to an English or a Scottish system of Medical Inspection. The essential points are always the same—general constitution, height, weight, chest, heart, eyes, ears, etc.

Ten years of practice in Wiesbaden and seven years in Nuremberg, not to speak of the years of systematic examination in many other cities, show that Medical Inspection may be carried out in great

detail within the ordinary conditions of school life. The Regulations require nothing excessive. They are strictly practical. They combine general hygiene with personal hygiene. I have seen them at work in Wiesbaden, and I can say that they are there applied with the simple thoroughness that seems to mark the best German work everywhere.

The Wiesbaden Health Schedule seems to me the better adapted for its purpose. The subject-headings run across the top of the paper; the school years run downwards. Both back and front of the schedule are used. The single sheets are easily arranged and preserved in a leather portfolio. This passes on from class teacher to class teacher. The schedules lie quite loose in the portfolio, and thus are easily removed and replaced. They are large enough not to go readily amissing.

For the information obtained in Wiesbaden, I have to thank Dr. Cuntz, Senior School Doctor, Member of the Town Council and Medical Representative on the School Commission, and also Dr. August Stricker, School Doctor. I was able to accompany each of those gentlemen—one, at an examination of new entrants; the other, at a general fortnightly inspection (see pp. 12 *et seq.*).

REGULATIONS FOR THE SCHOOL DOCTORS ATTACHED TO THE MUNICIPAL ELEMENTARY AND MIDDLE SCHOOLS OF WIESBADEN

It is the duty of the School Doctors to supervise the conditions of health of the pupils assigned to

them, to co-operate in the medical examination of the rooms and installations belonging to the school, and to execute in this regard all the orders of the Magistracy.

In particular, the following rules must be carried out :—

1. The School Doctors must carefully examine the bodily condition and the health condition of all newly entered pupils, in order to determine whether they require a prolonged medical supervision or special attention during instruction at school, *e.g.* exclusion from instruction in particular branches, *e.g.* gymnastics and singing, or limitation in time given to instruction, assigning of a special seat on account of defects in sight or hearing, etc.

Besides this detailed examination, which must be undertaken in the first four to six weeks of the school year, the newly entered pupils must, within the first two to three days, be subjected to an external examination for communicable diseases and vermin.

For each child examined a health schedule must be filled up, and this must accompany the pupil through his whole school period. If a child appears to require constant medical supervision, the entry

“Medical Supervision” must be made on the top right corner of the first page. The column “general constitution” is to be filled up at the entering examination of each child, the categories “good,” “middle,” and “bad” being used.

Children whose general constitution is entered as “bad” are to be treated as under medical super-

vision until the School Doctor enters them expressly on the health schedule as no longer in need of supervision.

(The term "good" is to be used only in perfectly sound health conditions, and "bad" only in pronounced dispositions to disease or chronic illnesses.)

The other headings are to be filled up only in case of necessity and that at the entering examination, or in the case of illnesses supervening in the course of the later school years. The weighing and measuring are undertaken by the special class teacher in charge, and must be entered for each half year in the appropriate column, correct to half a centimetre (less than a quarter of an inch), and a quarter of a kilogramme (about half a pound). The measurement of the chest is taken by the Doctor, but only in children that are suspected of lung disease or whose general constitution has been entered in the health schedule as "bad."

2. In the same way as has been described under Section 1 for the detailed examination of new entrants, the School Doctors have to examine the whole children of the third, fifth, and eighth school year. These examinations are to be carried through in the month of October or November.

Here it is expressly to be noted and entered in the health schedule whether and in what way diseases noted at an earlier period have altered. The constitution and its alterations are to be given in each case.

It is desirable that, after the examination of the pupils of the eighth year that are ending their term

at school, a final opinion on the total development of the child during the school period be entered on his school schedule and, in particular, a reference made to any noteworthy illnesses that have occurred during that time. These are to be noted in the last column by the class teachers.

On these examinations of the later school years a special report must be filled up in the form used at the first examinations and transmitted to the Senior School Doctor in terms of Section 9.

3. Every fortnight, and more frequently if infectious diseases are prevalent, the School Doctor holds a consultation at the school with the School Director on a day previously arranged; for example, the first and third Thursday of the month. Time: at ten o'clock in the forenoon, and not later than twelve o'clock. For this purpose, if at all possible, the Doctor should have a special room put at his disposal.

If the Doctor wishes to visit the school on a day other than that previously arranged, he must intimate the fact to the School Director at least three days in advance.

If any unforeseen difficulties occur, the day of visit should be postponed till the following week. The first half of the consultation should consist of a visit of ten to fifteen minutes' duration to Classes 2 to 5, while instruction is going on.

Each class must, if possible, be visited twice during the half year. At those visits the whole of the children should be subjected to an external inspection. When any special observations suitable

for immediate discussion are made, information is asked from the teacher, and given him, in return, if he wishes.

If, on those occasions, individual children appear to require more precise examination, this is afterwards undertaken in the Doctor's room.

At the same time, those visits serve for the inspection of the school premises and their arrangements, as well as for the supervision of the ventilation, heating, deportment of the children, etc.

In reference to the teaching, the Doctor is warned that he should tactfully avoid all exposure of a teacher before his class.

At the second part of the consultation, any necessary investigations of a more precise kind are to be undertaken.

Further, children from classes other than those visited on the particular day are to be brought to the Doctor, but only in really pressing cases, and especially where there is a suspicion of illness from infectious disease.

The health schedules of all the children to be submitted for examination must be laid before the Doctor or sent to him by the class teacher. The teacher concerned must, if at all possible, be present at the medical examination. For the notification of the other classes and the provision for the care of the children concerned, the School Director is responsible. This is best done by circulating among all the classes, a day in advance, a form on which the individual teachers note whether any children and how many require medical examination.

The medical treatment of sick children is not the business of the School Doctor. If such treatment appears necessary, the parents concerned are to be advised of the fact. To them is left the choice of a doctor; but it is recommended that where necessary in special cases (eyes, throat, nose, etc.) any necessary directions to specialists be given. With the older children this can be done verbally.

If an intimation of this sort is without result, and always in younger children, the printed report forms are to be filled in.

But this is to be done only in serious and important illnesses, where the interest of the child or of the school necessitates energetic measures.

In the filling in of the particular form, all harshness and rudeness of expression are to be avoided.

The School Director is responsible for sending the form to the parents concerned.

4. The health schedules for each class are to be preserved in a durable portfolio and remain in the school so long as they are not required by the School Inspector.

The schedules with the entry "Medical Supervision" are to be laid before the Doctor at every visit to the class. If a child passes into another school, his health schedule must be sent thither by the School Director.

5. The School Doctors must, at the request of the School Director, examine individual children in their homes in order to ascertain whether, in cases where the parents bring no other satisfactory medical evidence, absence from school is justified.

6. The School Doctors must at least once in the summer and once in the winter inspect all the rooms, lobbies, etc., and their fittings and furnishings. At this, as at other visits, any appropriate observations on the condition of the matters to be supervised, as well as on the maintenance of the cleansing, ventilation, heating and lighting, also any recommendations arising out of these observations, are to be entered by the School Doctors in the book kept by the School Director for the purpose.

7. The School Doctors have no authority to give any direct instructions to the School Directors or Teachers or to the Janitors or other school servants. If they consider that any recommendations made by them in relation to the treatment of the children or the hygiene of the premises have not been satisfactorily carried out, they must report their complaints to their Representative on the Health Committee.

In pressing cases, they may also give intimation to the Town School Inspector, and, as regards nuisances that require the attention of the sanitary police, they give intimation also at the same time to the Imperial District Medical Officer.

8. With a view to regular and rapid procedure, the Representative of the School Doctors on the Health Committee will summon his colleagues to general consultations, to which the Imperial District Medical Officer of Health is to be specially invited if there is any question of the health conditions of the premises. In winter, the School Doctors will, at the teachers' meetings, as far as desirable and prac-

ticable, give short contributions on the most important questions of school hygiene.

9. The School Doctors must, by the 15th of May at the latest, send to the Senior School Doctor a written report on their work during the school year just ended.

The Senior School Doctor must, by 1st June at the latest, present to the Magistracy these individual reports with a short critical general report. In the preparation of the reports the following seven points are to be attended to :—

- (1) Tabular numerical statement of the results of the examinations of the entering classes, and on a special form the examinations of all the later years.
 - (2) The number of the consultations held or medical visits made to the classes.
 - (3) The number and nature of the more important cases of illness that have been submitted for examination at the consultations.
 - (4) Any resulting special medical orders (limitation of hours of instruction, of gymnastics, etc.).
 - (5) The number of the written reports sent to the parents and the result.
 - (6) The number of school children remaining under medical supervision.
 - (7) A summary of the defects recorded in the hygiene book in reference to the rooms, etc.
10. If a School Doctor has to leave the city for

more than a week, except during the time of school holidays, he must report the fact at the time to the Magistracy, and provide at his own expense a suitable deputy.

11. The School Doctors, besides a fixed yearly honorarium payable in quarterly instalments, receive from the Town Treasury also an amount calculated according to the number of school children examined in the third, fifth, and eighth years. The account must be presented in the month of December.

12. The Magistracy may at any time, on proof of negligence, dismiss the School Doctor. In other cases, the engagement can be terminated only on the giving of three months' notice by School Doctor or Magistracy.

13. The Magistracy reserve the right to alter or extend this order.

WIESBADEN, *2nd January* 1903.

98 THE HEALTH OF THE SCHOOL CHILD

(Front)

HEALTH SCHEDULE

For.....Son.....Daughter.....of.....

Born.....19... School.....from.....19...

Vaccinated19...

Re-vaccinated.....19...

| Date and School Year. | General Constitu- tion. | Height. Cm. | Weight. Kg. | Chest Mea- surement. Cm. | Chest and Abdomen. | Skin Diseases (Para- sites). | Spine and Extremi- ties. |
|--------------------------------|-------------------------------|--------------------|--------------------|------------------------------------|-----------------------|---------------------------------------|--------------------------------|
| I. M. | | | | | | | |
| | F. | | | | | | |
| II. M. | | | | | | | |
| | F. | | | | | | |
| III. M. | | | | | | | |
| | F. | | | | | | |
| IV. M. | | | | | | | |
| | F. | | | | | | |
| V. M. | | | | | | | |
| | F. | | | | | | |
| VI. M. | | | | | | | |
| | F. | | | | | | |
| VII. M. | | | | | | | |
| | F. | | | | | | |
| VIII. M. | | | | | | | |
| | F. | | | | | | |

(Back)

| Date and School Year. | Eyes and Acuteness of Vision. | Ears and Hearing. | Mouth, Nose, and Speech. | Special Observations and Directions for Treatment in School. | Reports to Parents. | Remarks of Teacher. |
|-----------------------|-------------------------------|-------------------|--------------------------|--|---------------------|---------------------|
| I. M. | | | | | | |
| I. F. | | | | | | |
| II. M. | | | | | | |
| II. F. | | | | | | |
| III. M. | | | | | | |
| III. F. | | | | | | |
| IV. M. | | | | | | |
| IV. F. | | | | | | |
| V. M. | | | | | | |
| V. F. | | | | | | |
| VI. M. | | | | | | |
| VI. F. | | | | | | |
| VII. M. | | | | | | |
| VII. F. | | | | | | |
| VIII. M. | | | | | | |
| VIII. F. | | | | | | |

REPORT TO PARENT ON POSTPONEMENT OF SCHOOL ATTENDANCE

The medical examination ordered by the Magis-
tracy in regard to the supervision of your child
..... born.....
.....has shown that he (she)
is suffering from.....
.....

For the health of your child, as well as in the in-
terest of the school, it is urgently necessary that.....
.....

WIESBADEN,.....189 .

The Magistracy,

.....

To

.....

.....

REPORT TO PARENT ON DISCHARGE OF CHILD FROM SCHOOL

By the medical observation of your child.....
..... born.....
.....it has been ascertained,
as shown on the Health Schedule, that your child's
health is not very good ; in particular that.....
.....

On the approaching discharge of your child from
school attendance, you are recommended to take

medical advice on the selection of an occupation for him.

WIESBADEN,.....

.....

School Doctor.

REGULATIONS FOR THE SCHOOL DOCTORS OF THE TOWN OF NUREMBERG

1. It is the duty of the School Doctors, on the order of the Magistracy and the School Authority, to co-operate with the Imperial District Physician in the general health inspection prescribed by the State for municipal schools as well as for private educational institutions, infant schools, and kindergartens.

2. The School Doctors must visit the public and private schools assigned to them at least three times a year, and particularly before Christmas, before Easter, and before the Summer holidays. On these occasions, they must pay attention to the proper condition of all the arrangements for the health of the children and teachers, above all to the arrangements for warming, lighting, ventilating, and cleansing of the schoolrooms, including the gymnasiums, school-baths, and lavatories.

Further, they have to observe the deportment of the children, and to record their observation as to whether each child has had assigned to it the school desk corresponding to its size.

In the schools assigned to them, they must also,

on invitation, take part in the regular yearly visitations of the Municipal School Committee.

Of their official actions and their observations at their visits, they must on every occasion make short notes on the prescribed form. These, along with the statistical information, are submitted at Christmas, Easter, and the close of the year, for the inspection of the Magistracy, who, as occasion requires, have copies prepared, and send back the originals for preservation in the records of the School Doctor.

3. The School Doctors must visit all the infant schools and kindergartens in their district at least three times a year and at the same intervals as they visit the town schools, and if any neglect is found to exist, they must report it as soon as possible to the Magistracy.

4. The School Doctors must, further, subject all new entrants to a detailed examination in order to ascertain which of them requires special supervision during instruction (assigning of a place in the front benches, relief from instruction in particular branches and the like), or medical supervision during the school period. This examination is divided into three parts.

The first is undertaken at the beginning of the school year, and must be completed by the end of the month of September. It consists of an external inspection of the children, and its object is to ascertain whether those fit for school—that is, according to their bodily and mental development—can undergo instruction at school without injury and with satisfactory results. If the School Doctor, in agreement with the teacher, finds that, in the interest of the child himself, as well as in the interest of the

general school teaching, it is necessary to postpone school attendance for a year, he records this in a certificate, of whose contents the relatives of the particular child are informed through the Inspectorate, who are responsible for the further measures necessary.

The second examination must be completed by the close of the Winter half year—that is, by Easter.

For the carrying out of this examination the children must be presented to the School Doctor with the upper part of the body exposed, so that it shall be possible to examine precisely their bodily development and their health condition.

To this second examination, which may be conducted either in the class-room or in another special room, and in the case of boys in the presence of the class teacher, in the case of girls in the presence of the class mistress or her representative, the mothers of the children are invited. It is accordingly necessary that a definite day be agreed upon between the teacher and the School Doctor, and that this be intimated to the mothers concerned.

This examination is recorded on the health schedule provided, in the columns of which the teacher has already entered the personal facts concerning the child, and the School Doctor adds in the shortest possible way the condition of each child.

The third examination is to be undertaken in the Summer half year, and must be finished by the beginning of the summer holidays. The children must have their hearing and eyesight tested. On the defects and diseases found the School Doctor must enter a brief remark in the health schedule.

5. The health schedule is to be attached to the register and preserved with it.

The health schedule of those children that on account of their unhealthy condition require repeated inspection by the School Doctor is to be marked "Medical Supervision," and submitted by the teacher to the School Doctor at the subsequent visits. This is to be continued until the School Doctor relieves the child from his supervision. The note referred to is then scored out.

6. At his visits to the school, the School Doctor, in addition to the children under medical supervision, must also examine those children whose examination appears to him necessary or is proposed by the teacher. The results of the examination are briefly noted in the health schedule. In a given case a new schedule is to be used.

7. Where on examination a child is reported to be suffering from serious disease or defect, the parents are informed by a printed report and requested to put the child under medical treatment. This report is to be signed by the School Doctor and the School Inspector and sent to the parents by the latter.

8. No examination of the children is made by the School Doctor if an examination by the family physician has been recorded on the proper form and the corresponding certificate produced by the parents.

9. A detailed examination of the girls from the fourth school year onwards can be undertaken by the School Doctor only with the consent of the parents.

On the other hand, the boys in the last quarter

before removal from the ordinary school must, if the parents so wish, be subjected to a detailed examination, in order that special advice in relation to the choice of a profession may be given.

10. Besides the provisions contained in Sections 4 and 6, examinations are to be undertaken by the School Doctor:—

- (a) When it is desired to admit a child to the ordinary school before the end of the sixth year, or when, in the case of boys of the ordinary or preparatory school, and girls of the ordinary or girls' Sunday school, it is proposed on account of their health to set them free before they are of school age ;
- (b) When, in the case of individual children, it is desired to keep them back from school for a year or to free them from taking part in special branches of study ;
- (c) When, in the case of children that have contracted infectious disease, it is necessary to bring a certificate that they can be again admitted to school without danger to the other pupils ;
- (d) When there is a doubt whether absences from school are really due to illness ;
- (e) When there is reason to suppose that a child, reported by its relatives as ill without a more precise description of the illness, is suffering from an infectious disease.

These investigations take place on the order of the acting School Inspector. They do not, however, take place when medical certificates are produced.

In specially pressing cases, the teachers are authorised to propose to the Inspectorate special examinations of individual children in their classes. These examinations may be undertaken during the consultation hour of the School Doctor attached to that school.

If, notwithstanding the presence of a medical certificate, a request for medical examination of a child is made, this can be undertaken through the Inspectorate only with the sanction of the Magistracy.

The certificate of the examination by the School Doctor is to be preserved with the schedule of the particular child; in the town trade schools it is preserved with the rector's records.

11. On the occurrence of measles, scarlet fever, diphtheria, and typhoid fever in the municipal and private schools, as well as in the infant schools and kindergarten, a report must be made to the School Doctor by the teacher or the head of the institution, and more especially when only one case of a particular illness has occurred. On receiving such a report, the School Doctor must forthwith proceed to make a thorough examination of all the children present in the particular class or institution, and as soon as possible report the result direct to the Imperial District Medical Officer. On receiving this report, the latter will give the necessary instructions to the district police authority—for example, the temporary closing of particular classes. In these investigations the School Doctor is entitled to send home from school such children as he finds to be suffering from infectious disease or suspicious symptoms.

The occurrence of German measles and whooping-cough is to be reported by the teacher and attended to by the School Doctor in the manner given above only when several cases of these illnesses occur in rapid succession or simultaneously.

The occurrence of cerebro-spinal meningitis is to be reported by the teacher in every individual case.

Children that have passed through one of the diseases named in the last three paragraphs may be again admitted to school only when it is certified by medical certificate that the resumption of school work can be undertaken without danger to other children (Ministerial Orders of 15th February 1844, 16th January 1867, and 8th June 1875). According to the local regulation of 22nd March 1903, the certificate in the case of scarlet fever must state that desquamation over the whole body is complete, and in the case of whooping-cough that the convulsive cough has ceased. When no other medical certificate can be produced, the certificate is to be given by the School Doctor.

12. Wholesale examinations of school children for the purpose of settling scientific questions can be undertaken by the School Doctors only when the Magistracy, by agreement with the Imperial District Medical Officer and the Local School Commission, have given permission.

13. The School Doctors have no authority to give independent instructions. At the same time, it is their duty, on discovering any defect in the health conditions and arrangements of schoolrooms, to direct the attention of the Inspectors, the senior

teachers, the teachers, and the house masters to the conditions discovered. Further, on any requests or complaints that may be made to them in regard to the health conditions, as well as on any defects observed by themselves, they must report forthwith to the Magistracy.

14. The School Doctors must also take a regular part in the conferences summoned by the Imperial District Medical Officer. These are to take place, as a rule, three times a year, and questions affecting the health service of the school, and particularly the observations made at the visits to the schools, come up for discussion.

They must further attend the conferences of the Royal School Inspectorate when summoned. They have a consulting voice in those deliberations.

15. At the end of every school year, and at latest by the 1st of September, the School Doctors must send to the Magistracy a written report on their work. This report must contain—

- (1) The number of ordinary and extraordinary visits made to the classes of the schools assigned to them.
- (2) A general statement of the number of children examined in the regular way and of the results of the examinations, classified according to the individual years.
- (3) A similar statement of the number of children examined for special reasons in the schools named, in institutions and at home, and the results of these.
- (4) The number of medical certificates issued.

- (5) The number of reports sent to the parents.
- (6) The number of school children remaining under medical supervision.
- (7) A short statement of proposals made.
- (8) Any general remarks.

On the basis of the yearly reports made by the individual School Doctors there is prepared a general report. Of this report a Doctor permanently entrusted with this work prepares the purely medical part, giving in particular a general exposition of the examinations made.

16. Medical treatment of the school children examined constitutes no part of the School Doctor's duty.

17. For their official actions the School Doctors must keep a day-book, which is preserved along with all official documents. The entries made by them are preserved as official minutes, and accordingly are the property of the Magistracy. They are to be preserved by each School Doctor, and in the case of resignation they are transferred to his successor.

18. If, during a school year, a School Doctor is obliged to go off duty, he must receive leave of absence from the Magistrate.

In his application for leave, it must be stated which of the other School Doctors undertakes his duty during the period of his leave.

19. The School Doctors are appointed by the Magistracy for three years, subject on both sides to three months' notice. They may, however, at the end of their term be re-elected.

FORMS OF CERTIFICATES, NOTICES, AND
HEALTH SCHEDULES

(1) POSTPONEMENT CERTIFICATE

You are hereby informed that the child.....
.....must, on account of a certificate granted
by the School Doctor, be kept back from school for
a year, since he (or she), in view of his present
development, does not yet appear to be fitted for
school attendance.

NUREMBERG,.....

Government Inspectorate.

(2) INVITATION TO EXAMINATION

On.....the.....a medical
examination of the child.....takes
place in the school..... You are
hereby invited to be present personally at the
examination.

NUREMBERG,.....19 .

.....
Class Teacher.

THE SCHOOL DOCTOR IN GERMANY 111

(3) HEALTH SCHEDULE

Medical Supervision, or not.

For.....son, daughter, of.....
 Born onvaccinated on.....
 Admitted to school on.....re-vaccinated on.....

| No. | Subject. | 1st School Year. | 2nd School Year. | 3rd School Year. | 4th School Year. | 5th School Year. | 6th School Year. | 7th School Year. |
|-----|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| | | Class. | Class. | Class. | Class. | Class. | Class. | Class. |
| 1 | General bodily condition. | | | | | | | |
| 2 | Height in cm. | | | | | | | |
| 3 | Chest measure in cm. | | | | | | | |
| 4 | Lung, Heart, Abdominal organs. | | | | | | | |
| 5 | Skin and Parasitic diseases. | | | | | | | |
| 6 | Spinal Column and Extremities. | | | | | | | |
| 7 | Eyes and Acuteness of Vision. | | | | | | | |
| 8 | Ears and Hearing. | | | | | | | |
| 9 | Mouth, Nose, and Speech. | | | | | | | |
| 10 | Special observations or directions for treatment in school. | | | | | | | |
| 11 | Date of Examination. | | | | | | | |
| | Signature of Doctor. | | | | | | | |
| 12 | Reports to Parents (date). | | | | | | | |
| 13 | Remarks of teacher, especially on the mental development and on any special physical peculiarity of the child. | | | | | | | |

REMARKS

a.—The general statements, as well as the designation of the class (at the head of the table) and the columns corresponding to the Nos. 2, 12, and 13, are to be filled in by a teacher; the remaining columns are to be filled in as far as possible by the School Doctor, with the assistance of the teacher.

b.—No. 1. The general bodily condition is to be indicated by numbers:—1 (good), 2 (medium), 3 (bad). Thus, by 1 when the condition is perfectly healthy, by 3 when there is definite evidence of disease or chronic ailment, by 2 in all other cases. Continued medical supervision must be exercised over all whose bodily condition is marked 3. Where necessary, the words "Medical Supervision" are to be entered in the closed space at the right-hand corner of the schedule.

c.—No. 2. Height taken with shoes on.

d.—No. 3. Expiration and inspiration with arms hanging, to be measured at the level of the nipple and the middle of the scapula.

e.—No. 4. Suspected tuberculosis, hernia.

f.—No. 6. Curvature of breast, loins, spinal column. Extremities; club foot, flat foot, shortening, diseases of the bones, congenital dislocation of hip, paralysis.

g.—No. 7. Test of acuteness of vision for each eye separately by means of test letters.

h.—No. 8. Whispering at 6 metres. Test of right and left ears separately.

i.—No. 9. Breathing through the nose, stuttering, stammering, audible and distinct utterance.

(4) CERTIFICATE OF ILLNESS

The examination of your child.....
by the School Doctor
 has shown that (or she) is suffering from.....

You are urgently recommended to place the child
 as soon as possible under medical treatment.

Signature.....

School Doctor.

Signature.....

Government Inspector.

NUREMBERG,.....19 .

(5) CERTIFICATE OF INFECTION

NUREMBERG,.....19 .

*Notice as to Illnesses from Infectious Diseases of
 Children.*

Remarks. — In measles, scarlet fever, cerebro-
 spinal meningitis, typhoid, and diphtheria, each
 separate illness is to be reported.

Inspection district.....

Class.....

School locality (street, storey, and number of class-
 room).....

Number of child (boy or girl) in class.....

On.....the child.....
was reported as suffering
 from.....

Any observations on the dwelling-house of the
 children,--

Signature of intimating Teacher.....

To the Municipal School Doctor,

NUREMBERG,.....19 .

To the Imperial District Medical Officer,

Dr.....

The class was visited to-day by the undersigned,
 and the following report made.

Signature.....

(6) CERTIFICATE OF FREEDOM FROM INFECTION

.....has recovered from
 his (or her) illness, and may from (date).....
 again attend school.

Remark 1 (in illness from scarlet fever). The
 desquamation is complete over the whole body.

Remark 2 (in whooping-cough). The attacks of
 convulsive coughing have completely ceased.

NUREMBERG,19 .

Signature of the Doctor.....

N.B.—In case of other illnesses, Remarks 1 and 2
 are to be struck out.

NOTE ON RE-VACCINATION OF SCHOOL CHILDREN IN GERMANY

GERMAN school children are re-vaccinated just before they leave the elementary school. Through the good offices of Dr. Bruce Low, of the English Local Government Board, I was able to be present at the re-vaccination of some seventy school children from a Wiesbaden elementary school. The vaccinator was Dr. August Stricker, to whom I have been indebted for much information on the practical aspects of medical inspection.

The children, on this occasion girls only, were assembled in a room of the Municipal Buildings. They were in charge of a teacher, who directed the necessary exposure of the arms. There was also in attendance a Nursing Sister, who cleansed with ether the arms to be vaccinated. The cleansing was done immediately before the operation, and, as the ether evaporates in a few seconds, no trace of antiseptic was left to disturb the effect of the lymph.

Meanwhile, the two clerks had prepared a complete list of the children. Forms of certificate were at hand and partly filled in, ready for signature.

Then the doctor appeared. He took from his case a conserve of calf lymph and emptied it into a small glass saucer. He next opened a piece of aseptic gauze, which contained about one hundred small lancets.

The lancet deserves a word of description. It was made by a firm of steel-pen makers at Bonn. It consisted of a flat piece of steel, two inches long, about half an inch broad at one end, tapered to an arrow-head shape at the other. The edges of the arrow-head are thinned, but not sharp. The whole is kept rigid by a depression round the margin and passing right to the tip. This lancet can be used for superficial scratching with the edge of the arrow-head or for puncture with the point. All these lancets had been sterilised. A lancet was provided for each child. Each lancet after use was thrown into an antiseptic solution, and would be afterwards cleaned for future use.

The method of vaccination was—superficial blunt scratches on the left arm. Each scratch was about an inch long. The lancet was dipped into the lymph; the arm was grasped firmly and the skin thus stretched; four longitudinal scratches were made with pressure sufficient to penetrate to the lymphatics, and the arm then let go. A reasonable time was given to dry. The vaccination and checking off of the lists took rather less than an hour, and might have taken much less but that the vaccinator explained to us as he went along his whole mode of procedure.

A week later I had the privilege of seeing all those cases again. Any induration that could be distinctly felt was recorded as positive. Where no reaction of any kind had occurred, the patient was instructed to reappear for re-vaccination in the following year.

In the great mass of cases the children showed good marks of primary vaccination. In many cases, particularly those vaccinated in the town of Wiesbaden, there were six good marks—three on each arm. Four good marks were the rule. In one child, who had come from Switzerland, there was no mark. In one or two, the marks were indifferent. Of the seventy children, seven showed no reaction on re-vaccination. They were certified accordingly, and would come up again in the following year.

One could not but be impressed with the precision, simplicity, quietness of the whole proceeding. The children were all clean and well-nourished. None of them, either on their own behalf or on their parents' behalf, offered any objection. The most scrupulous care was taken to prevent infection, and in no single case was there a "bad arm" either from accidental infection or from the specific action of lymph. This was a decisive testimony at once to the thoroughness of the primary vaccination and to the asepticity of the re-vaccination.

I append a translation of directions issued to the parents.

If it be said that the orderliness of these and the other proceedings of German school children is due to the predominance of military discipline, I am not concerned to deny the fact. But I have formed the impression that if military discipline predominates in the civil life of Germany, it is because it finds in the German character a suitable medium. Probably the military system is as much an expression of the German sense of order as a

creator of German orderliness. Some other nations are as military, but not as orderly. I am inclined, therefore, to think that we habitually attribute more influence to military discipline as such than it deserves.

PRECAUTIONS FOR RE-VACCINATED CHILDREN

1. No children must come for re-vaccination on the ordinary day from any house in which there are infectious diseases, such as scarlet fever, measles, diphtheria, croup, whooping-cough, typhus, erysipelas, or small-pox.

2. At the time of vaccination, the children must appear with clean skin, clean linen, and clean clothing.

3. After vaccination the greatest care must be taken that the child is kept as clean as possible.

4. The development of the vaccination mark takes place in from three to four days, and as a rule is attended with so slight disturbance of the general condition that absence from school on that account is not necessary. Only when exceptional fever comes on is the child to remain at home. If the vaccination marks show excessive redness and swelling, they are to be treated with dressings soaked in cold water previously boiled. The dressings must be frequently changed. The children may continue their usual bath. The physical exercise must be dropped from the third to the fifth day in all those that show vaccination vesicles. The vaccination marks, so long as they are not healed, must be carefully protected from dirt, scratching, and bruising, as

well as from the rubbing of tight clothing and from external pressure. Communication with persons suffering from running sores, skin eruptions, or erysipelas, and all objects used by them, must be avoided.

5. In every illness coming on after vaccination the doctor is to be called in; the vaccinator is to be informed of every illness that occurs before re-inspection or within fourteen days after it.

6. On a day to be fixed at the time of vaccination, the vaccinated child must appear for reinspection. If a child, on account of serious illness or the existence of infectious disease in the house (Section I), cannot attend at the vaccination station on the day of inspection, the parents or their representatives must intimate this at latest on the vaccination day.

7. The vaccination certificate is to be carefully preserved.

NOTE ON THE PLAN OF A GERMAN ELEMENTARY SCHOOL

To judge by the schools of Wiesbaden and Nuremberg, the favourite plan of a German elementary school resembles the letter E, with the plain side of the letter facing the south-east, the three wings projecting to the north-east. Sometimes the long wings of the E are either very short or lopped off. In the basement are the school baths, the heating and ventilating plant, cleansing stores, and the like.

On the ground floor are the administrative rooms, the school inspector's room, the director's room, the

teachers' rooms, and some of the class-rooms. The front door is in the centre of the block. When you pass right through the hall, you come to the main corridor, which runs the whole length of the building and continues into the wings. On this corridor, which is lit by the back windows of the school, are doors opening into the class-rooms. The central limb of the E contains, on the ground floor, the gymnasium; on the first floor, the drawing room.

The second and third floors contain the remainder of the class-rooms, cooking-rooms, and the "carcer," or solitary confinement room.

Each flat is provided with lavatories and water-closets.

Each class-room is seated for sixty pupils. In every case the school desks are so arranged that the light comes from the left side.

The ordinary method of ventilation is a system of ducts fitted with steam pipes. All the ducts pass into a ventilation tower, which is also fitted with a forest of steam pipes. The whole system is regulated from the basement.

What impresses one most is the roominess of the stairs and corridors.

The schools accommodate from 1000 to 1500 children.

It is forbidden to enter a class-room while a lesson is in progress; but entry is possible by order.

Protestants and Catholics are accommodated in the same school, but in separate class-rooms.

THE MEDICAL INSPECTION OF SCHOOL CHILDREN

A TEXT-BOOK FOR MEDICAL OFFICERS OF SCHOOLS
MEDICAL OFFICERS OF HEALTH
SCHOOL MANAGERS AND TEACHERS

BY

W. LESLIE MACKENZIE. M.A., M.D.

M.R.C.P.E., D.P.H., F.R.S.E.

MEDICAL MEMBER TO THE LOCAL GOVERNMENT BOARD FOR SCOTLAND

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CONTENTS

| | PAGE | | PAGE |
|-------------------------------|------|--------------------------------|-------|
| General Literature, . . . | 2-20 | Little Galleries, . . . | 27 |
| Ancient Cities, . . . | 20 | Little Guides, . . . | 27 |
| Antiquary's Books, . . . | 20 | Little Library, . . . | 27 |
| Arden Shakespeare, . . . | 20 | Little Quarto Shakespeare, | 29 |
| Beginner's Books, . . . | 21 | Miniature Library, . . . | 29 |
| Business Books, . . . | 21 | Oxford Biographies, . . . | 29 |
| Byzantine Texts, . . . | 21 | School Examination Series, | 29 |
| Churchman's Bible, . . . | 22 | School Histories, . . . | 30 |
| Churchman's Library, . . . | 22 | Textbooks of Science, . . . | 30 |
| Classical Translations, . . . | 22 | Simplified French Texts, . . . | 30 |
| Classics of Art, . . . | 23 | Standard Library, . . . | 30 |
| Commercial Series, . . . | 23 | Textbooks of Technology, . . . | 31 |
| Connoisseur's Library, . . . | 23 | Handbooks of Theology, . . . | 31 |
| Library of Devotion, . . . | 23 | Westminster Commentaries, | 32 |
| Illustrated Pocket Library of | | | |
| Plain and Coloured Books, | 24 | | |
| Junior Examination Series, | 25 | Fiction, | 32-37 |
| Junior School-Books, . . . | 26 | The Shilling Novels, . . . | 37 |
| Leaders of Religion, . . . | 26 | Books for Boys and Girls, | 39 |
| Little Blue Books, . . . | 26 | Novels of Alexandre Dumas, | 39 |
| Little Books on Art, . . . | 26 | Methuen's Sixpenny Books, | 39 |

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